

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

JOHN NOAKES,)	Case No. 1:21-cv-01776
)	
Plaintiff,)	Judge Pamela A. Barker
)	
v.)	<u>DECLARATION OF DR. LIA LOGIO</u>
)	
CASE WESTERN RESERVE UNIVERSITY,)	
<i>et al.</i> ,)	
)	
Defendants.)	

Dr. Lia Logio, of full age, declares as follows:

1. I am currently employed by Case Western Reserve University (“CWRU” or the “University”) as the Vice Dean of Medical Education, Director of Medical Education for The Center for Medical Education, and Professor of Medicine at the School of Medicine. I have served as Vice Dean of Medical Education since July 1, 2020.

2. I am over 21 years of age and have personal knowledge of the facts and other information set forth in this Declaration based upon my employment in the roles of Vice Dean of Medical Education, Director of Medical Education for The Center for Medical Education, and Professor of Medicine at the School of Medicine and/or my review of relevant records kept in the normal course of business.

3. A true and accurate copy of the School of Medicine’s Student Handbook (the “Student Handbook”), available at <<https://case.edu/medicine/sites/case.edu.medicine/files/2021-07/CWRU%20School%20of%20Medicine%20Student%20Handbook%20Fall%202021%20Update.pdf>>, is attached as Exhibit 1.

4. As outlined in the Student Handbook, medical students are expected to adhere to high standards of conduct and demonstrate professional behaviors throughout their medical school education.

5. CWRU's School of Medicine utilizes an Early Concerns Reporting process to allow individuals to report times when a student's actions suggest a lapse in professionalism.

6. When an Early Concern is submitted, CWRU invites the student at issue to provide a response to the Early Concern.

7. CWRU's Professionalism Working Group (the "PWG"), which is comprised of School of Medicine faculty and staff, reviews the Early Concern and the student's response (with the student de-identified), and "identifies a plan to support the student in meeting professional standards in a constructive framework." The PWG supports students in their professional development towards becoming a physician and develops an individualized plan for coaching the students.

8. Successful coaching requires that the student be a willing participant in the process. If a student refuses to respond to the Early Concern and/or is non-cooperative in the Early Concerns Reporting process, coaching is likely to be unsuccessful and so the student is referred to the Committee on Students (the "COS"), a standing committee of the Faculty of Medicine charged with the responsibility of reviewing the total performance of all students in the School of Medicine.

9. The fact that a student engages in coaching sessions, and the content of those coaching discussions, are not included in a medical student's academic transcript or permanent record and, as a result, are not communicated by CWRU to a medical student's potential residency programs or future employers.

10. In the medical profession and within medical education, coaching is widely recognized as a useful and positive tool in enhancing medical professionalism. A well-regarded and often cited article on this topic, available at <<https://www.newyorker.com/magazine/2011/10/03/personal-best>>, is attached as Exhibit 2.

11. According to the School of Medicine's records:

a. The vast majority of COS proceedings do not result in discipline, suspension, or expulsion. During the entire 2020-2021 academic year, none of the COS proceedings resulted in any discipline, suspension, or expulsion.

b. On April 15, 2021, [REDACTED] (referred to in this Declaration as "John Noakes" or "Mr. Noakes" or "Plaintiff") posted the following message on a GroupMe chat to all CWRU first year medical students, including [REDACTED] (referred to in this Declaration as "Jane Roe" or "Ms. Roe"): "All glory and honor to the Most High, who is my refuge and fortress. That's all, thanks." Mr. Noakes also changed his GroupMe handle from "[John Noakes]" to "[John Noakes] (1-0)."

c. In response to Mr. Noakes' GroupMe activities, more than 30 first-year medical students submitted Early Concerns reporting that Mr. Noakes' conduct, *i.e.* his GroupMe activities, following the outcome of Title IX proceedings was unprofessional and inappropriate, created an unsafe environment, was retaliatory and bullying in nature, and raised concerns about his judgment as a future physician.

d. Mr. Noakes refused to submit a response to the 30+ Early Concerns and, at least initially, refused coaching; accordingly, the matter was referred to the COS.

e. On May 13, 2021, the COS reviewed the Early Concerns submitted and discussed the matter with Mr. Noakes. At the COS meeting, Mr. Noakes stated that, although he

initially refused coaching, he was newly willing to engage with PWG in the coaching process. Mr. Noakes also acknowledged that he caused emotional pain to other students.

f. Based on its review of the matter, the COS referred Mr. Noakes to the PWG for professionalism coaching, to specifically address empathy (and any other issues identified by the assigned coach). Mr. Noakes participated in a few coaching sessions during the summer of 2021, but in September 2021, he notified his coaches that he was exploring litigation against CWRU and would not continue with coaching sessions.

g. Because Mr. Noakes had not yet successfully completed coaching and refused to continue in the process, the matter was referred back to the COS. The COS has yet to meet to discuss this matter.

h. Darnell Parker had no role or involvement with the COS proceedings or decisions, or matters referred to the PWG.

i. Drs. Steve Ricanati and Marjorie Greenfield are not voting members of the PWG, nor do they have any involvement in decision-making of the PWG.

j. Drs. Steve Ricanati and Marjorie Greenfield are not voting members of the COS, nor do they have any involvement in decision-making of the COS.

12. To my knowledge, Dr. Firouz Daneshgari never had any role or involvement with the COS proceedings or decisions or matters referred to the PWG.

13. On September 13, 2021, a medical student submitted an Early Concern regarding professionalism related to the Tumblr and Instagram posts. Because Mr. Noakes refuses to engage in coaching with the PWG, the PWG referred this matter to the COS. The COS has yet to meet to discuss this matter.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

Pursuant to 28 U.S.C. § 1746, I certify under penalty of perjury that the foregoing is true and correct. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

A handwritten signature in black ink, reading "Lia Logio MD". The signature is written in a cursive, flowing style.

Dated: October 6, 2021

LIA LOGIO

48682557.3

CWRU SCHOOL OF MEDICINE STUDENT HANDBOOK

July 2021

Maintained by the Office of Student Affairs and the Academic Societies

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Introduction

The information and policies contained in this handbook apply to students in the University Program of the Case Western Reserve University School of Medicine. College Program students enrolled in the Cleveland Clinic Lerner College of Medicine (CCLCM) are referred to that program's handbook. University Program and College Program students are covered by the general policies of Case Western Reserve University which apply to all students at the University.

This publication has the limited purpose of providing information concerning the programs of the Case Western Reserve University School of Medicine. This publication should not be construed as an offer or contract between the University and any person. The University has the right to amend, add, or delete any information in this publication, including any course of study, program fee or regulation of the University. **Policies and regulations listed in this handbook are subject to change at any time throughout the academic year.** Announcements of such changes are made on a routine basis within the University and the School of Medicine.

Further information regarding policies, programs, and support services can be found at the following sites:

- [School of Medicine Office of Student Affairs](#)
- [School of Medicine Office of the Registrar](#)
- [University Policies and Student Code of Conduct](#)
- [CCLCM Portal Login Page](#)

Revised 7/1/2021

Statement of Ethics

Universities seek to preserve, disseminate, and advance knowledge. At Case Western Reserve University, as elsewhere, we recognize that the ability to fulfill these purposes requires a norm of expected conduct shared by all in the University community and governed by truthfulness, openness to new ideas, and consideration for the individual rights of others, including the right to hold and express opinions different from our own.

The University's mission rests on the premise of intellectual honesty in the classroom, the laboratory, the office, and the solitary examination desk. Without a prevailing ethic of honor and integrity, not only in scientific pursuits, but in all scholarly activity, the very search for knowledge is impaired. In these respects, each of us – especially, but not exclusively, faculty – must regard oneself as a mentor for others.

These principles which we strive to uphold make it possible for the larger society to place trust in the degrees we confer, the research we produce, the scholarship we represent and disseminate, and the critical assessments we make of the performance of students and faculty, as well as judgments of staff and administrators.

To safeguard the standards on which we all depend, each of us must therefore accept individual responsibility for our behavior and our work and refrain from taking credit for the work of others.

The culture of a university also requires that the rights of all be protected, particularly by those entrusted with authority for judgment of the work of others.

The University, being a human community, is subject to human failings, ambiguities, and errors. It is therefore the responsibility of the bodies regulating the affairs of faculty, students, and staff to maintain processes for judging and resolving instances where these principles may have been violated. However, all such systems depend for their effectiveness, in turn, on the acceptance of common norms of conduct – the ties of trust which bind the University community together.

Revised 8/17/14

Teacher-Learner Relationship Policy

Expectations of Teachers and Students in the Teacher-Learner Relationship to foster the Learning Climate of the CWRU School of Medicine

An underlying principle of the medical school is that students and teachers will work together as partners to ensure that students achieve their fullest potential and succeed in the educational program.

RESPECT

Teachers – faculty, residents, fellows, near-peer teachers, and other health care and research professionals – are committed to treating our students as our professional colleagues who will exercise privileges and responsibilities throughout their education.

Students and teachers will demonstrate respect for others by upholding a classroom atmosphere conducive to learning, interacting in a considerate and cooperative manner with other students and teachers, judging colleagues fairly, and attempting to resolve conflicts respectfully.

Students and teachers will neither practice nor tolerate discrimination on the basis of race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, national or ethnic origin, political affiliation, status as a disabled veteran or other protected veteran under US federal law, or socioeconomic status.

RESPONSIBILITY

Students and teachers will demonstrate responsibility by striving for excellence and professional growth, by recognizing their own limitations and seeking help when needed, by seeking frequent constructive feedback on their interactions with one another, and by conducting themselves professionally at all times in demeanor, language and appearance in the classroom, with patients, and in health care settings.

Teachers will commit their time and effort to ensure appropriate delivery of an interactive curriculum. Students will attend all required sessions for their own learning, to enhance the learning environment for their peers, and out of respect for their teacher's effort.

Teachers and students will demonstrate respect and professional concern by holding each other to the highest standards in learning, without abuse, humiliation or harassment of any kind, by not exploiting a relationship for personal gain or advantage, and by demonstrating the highest standards of ethical conduct in all settings.

DRUG-FREE ENVIRONMENT

Using alcohol and other drugs in a way that could interfere with clinical or educational responsibilities of students and teachers is prohibited.

INTIMATE RELATIONSHIPS

Romantic or sexual relationships between teachers (including faculty, residents, fellows, near-peer teachers, and other health care and research professionals) and their students are prohibited while the teacher has direct supervision of or any influence on the student's assessment or academic progress. Any relationship which could reasonably be perceived as having any influence on the objective assessment of the student by the teacher must be immediately disclosed by the teacher to the appropriate education leadership (e.g. Clerkship Director).

CONFIDENTIALITY

Teachers will exercise strict confidentiality when providing health care to students and complete impartiality when assessing student performance. The CWRU School of Medicine prohibits any faculty member or resident/fellow who has provided health services to a student from completing any formative or summative assessment of that student. Students must not ask any faculty or resident/fellow who has provided them health care to provide any assessment of their performance.

MISTREATMENT, HARRASSMENT & NEGLECT

Mistreatment is disrespectful behavior by a teacher that interferes with the learning process. Examples of mistreatment include public belittlement or humiliation, threats of physical harm or punishment, inappropriate requests to do personal services (shopping or babysitting), sexual harassment, and discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation. Neglect includes situations in which a student is openly ignored, is excluded from important decisions, or is made to feel “invisible.” Neglect is different from overt mistreatment but can still interfere with the learning process.

Harassment, mistreatment, and neglect policies are discussed at new student orientation, orientation to year 2, and again prior to starting clerkships. Students who feel they have **experienced harassment, mistreatment, or neglect during the conduct of the curriculum, and are uncomfortable addressing this directly with the colleague involved are urged to discuss their concerns as soon as possible through one of the options detailed below.**

- Students in any phase of the curriculum may address their concerns with the course, block or clerkship director, Assistant Dean charged with that phase of the curriculum, or the Associate Dean for Curriculum.
- Students in any phase of the program are strongly encouraged to bring the matter to the attention of their Society Dean, the Associate Dean of Student Affairs, or their Physician Advisor, or, because the deans work as a group practice, students may choose to speak to another Student Affairs dean if they feel more comfortable doing so.
- Alternatively, students have the option of contacting the Vice Dean for Medical Education, Dr. Lia Logio at lxl789@case.edu or Ms. Shirley Mosley, the Associate Vice President for Student Affairs & Dean of Students at the University. The University Student Affairs office is not part of the medical school administration. Students can e-mail Ms. Mosley at shirley.mosley@case.edu or call the office at 216.368.2020 to make an appointment. The office is located at 110 Adelbert Hall on Adelbert Road.
- Online Reporting: Both the University and College programs have established an online “Mistreatment or Neglect” reporting mechanism, by which students can report experiences of harassment, mistreatment, or neglect. These reports are confidential but not anonymous and will be reviewed by the appropriate Student Affairs dean and may be referred to the Mistreatment Working Group for further investigation. The form is available online: [Mistreatment or Neglect Reporting Form](#).
- Box Reporting: Both the University and College programs have established a hardcopy reporting system. Boxes are located outside the HEC 4th floor student learning spaces. These reports can be anonymous or confidential and will be reviewed by the appropriate Student Affairs dean. Note: Without specific information, the School may be limited in its ability to respond to the report.

What Happens When a Report is Made?

All reports are handled confidentially, and wherever possible, de-identified information about the event is used. The School of Medicine is obligated to follow federal guidelines (Title IX) for reporting sexual misconduct. For other situations, the Society Dean or Associate Dean of Student Affairs will pursue the report as follows:

1. Reports are collected by medical school staff in the Offices of Student Affairs.
2. If known, the reporting student will be contacted by Student Affairs Dean, basic information verified, and additional information requested if needed.
3. The report is logged in the Office of Student Affairs on the University's Log of Student Complaints.
4. If appropriate, the report is redirected to the University (i.e., Title IX).
5. A de-identified report is reviewed by the Student Affairs Dean with the appropriate curricular leader.

Depending on the judged severity of the event and timing related to grades and evaluation, the Student Affairs Dean may determine if any of the following is appropriate:

- Report is shared with the professional involved
- Report is shared with course director, clerkship director and/or program director
- Report is shared with the professional's supervisor
- Report is shared with department chair (in the case of a faculty member)
- Report is shared with Dean
- Report is shared with Office of Faculty Affairs

When deemed appropriate, reported professionals and/or their supervisors are asked to create an action plan that is

shared with the Society Dean or Student Affairs Dean.

The Society Dean or Student Affairs Dean will post an incident report summary including outcome to the learning management system or student portal (without any identifying features) and, if known, send to the student who submitted the report.

Unprofessional behavior with learners that is severe or repeats despite feedback will result in removal from the teaching program and may be cause for dismissal from their residency or degree program in the case of trainees, or, for faculty members, termination for just cause as provided in the CWRU Faculty Handbook.

Aggregated Reports

The School of Medicine reports aggregated de-identified data on learner mistreatment to each department chair and the Dean on a quarterly basis.

Discussion/Reporting Resources:

- Society Dean, Student Affairs Dean, or Physician Advisor
- Lia Logio, MD, Vice Dean for Medical Education: xl789@case.edu
- Shirley Mosley, the Associate Vice President for Student Affairs & Dean of Students: shirley.mosley@case.edu
- [Sexual Misconduct Policy](#)
- [Consensual Relationship Policy](#)
- [Community Concerns Reporting System \(CCRS\)](#)

Updated and approved by the Committee on Medical Education: 5/27/2021

Addendum to Teacher-Learner Relationship Policy

Mistreatment Complaint Procedures

This document describes a process for addressing reports of student mistreatment in the CWRU School of Medicine. Written individual reports of student mistreatment can be received through a variety of mechanisms as described in the **Teacher Learner Relationship Policy**. Depending on the mechanism of the reporting, the report is directed to one of the following deans: Curriculum (Pre-clerkship), Clinical Education, Student Affairs. This individual is responsible for the Initial Steps and Triage described below.

Initial Steps

- ☐ Determine if harm and safety are a concern, immediately refer to main campus student affairs (216) 368-2020, CWRU Police (216) 368-3333 (emergency) or (216) 368-3300 (non-emergency)
- ☐ Determine if this is a Title IX issue and refer to main campus Student Affairs (216) 368-2020
- ☐ Assess power structure: Grading/Assessor/Evaluator vs. Non-Grading/Non-Assessor
- ☐ Obtain additional information about the incident if indicated, including any prior history of mistreatment
- ☐ Record on Higher Learning Commission (HLC) log¹ maintained in The Office of Student Affairs ([email Molly Simmons](#))

Next Steps

The CWRU SOM Mistreatment Working Group (MWG), chaired by the Associate Dean for Student Affairs, is comprised of Society Deans, CCLCM Associate Dean for Admissions and Student Affairs (or their designee), Associate Deans of Curriculum (or their designees), a clerkship director appointed by the Joint Clinical Oversight Group, a faculty affairs representative, and a representative from University Student Affairs, as needed. The MWG reviews reports presented by the individuals above, determines the level of severity of the complaint, and develops an action plan to address the report. The MWG may elect to share the report with:

- ☐ The professional involved
- ☐ The course director, clerkship director and/or program director who may, in extreme cases, elect to file a patient safety or disruptive physician report
- ☐ The professional's supervisor/ Program Director
- ☐ The division/departments chair (in the case of a faculty member)
- ☐ The Dean
- ☐ The Office of Faculty Affairs

The Mistreatment Working Group will develop an action plan, including the responsibility for implementing the plan, which may include any of the following:

- ☐ Embargo action until completion of educational activity
- ☐ Deliver a written copy of Teacher Learner Relationship Policy to the individual involved
- ☐ Request a reflection/apology as indicated
- ☐ Disregard grading comments and evaluation from teacher named in the complaint
- ☐ Recommend teaching skills development
- ☐ Set up a teaching monitoring plan
- ☐ Recommend removal from medical student teaching

Reporting

- ☐ The Society Dean or Student Affairs Dean will post an incident report summary including outcome to the learning management system or student portal (without any identifying features) and if known, send to the student who submitted the report.
- ☐ The chair of the MWG sends a copy of the MWG action plan to the individual involved, the relevant curriculum dean(s), and the HLC log.
- ☐ The Vice Dean for Medical Education will annually present to the community an aggregated report of student mistreatment for the prior academic year.

¹ The Higher Learning Commission accredits the University; the student complaint log is an accreditation requirement.

Technical Standards

Case Western Reserve University School of Medicine Technical Standards Essential Abilities and Characteristics Required for the Completion of the MD Degree

Introduction

Candidates of Case Western Reserve University School of Medicine are selected on the basis of their academic, personal, and extracurricular dimensions. In addition, candidates must have the intellectual, physical, and emotional capacities to meet the requirements of the School's curriculum and of a successful medical career.

The Case Western Reserve University School of Medicine's MD degree is a broad, undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for the completion of the MD degree require certain minimum physical and cognitive abilities, as well as sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the program and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of entering residency training and qualifying for medical licensure. The stated intention of a candidate to practice only specific areas of clinical medicine, or to pursue a non-clinical career, does not alter the School of Medicine's requirement that all medical students achieve competence in the full curriculum required by the faculty.

The School of Medicine has a responsibility to train competent medical professionals and scientists who demonstrate critical judgement, extensive knowledge, and technical skills. Although students learn under the supervision of faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore critical factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The necessary abilities and characteristics described below are also referred to as technical standards. They are defined in several broad categories including: observation, communication, motor-function, intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. All candidates must adhere to universal precaution measures and meet safety standards applicable to medical settings, and other professional activities. For the purpose of this document, impairment refers to any condition that interferes with an individual's ability to function in the capacity of a medical student meeting all requirements of the program. Impairment may exist in one or multiple domains including: psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thoughts, processes, judgment, attentiveness, demeanor, and attitudes as presented in speech or actions, as well as any addiction to and/or physical dependence upon any chemical substance(s).

Case Western Reserve University School of Medicine will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform the skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Candidates and current students who have questions regarding the technical

standards, or who believe they may need to request reasonable accommodation(s) in order to meet the standards, are encouraged to contact Disability Resources.

Definition of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education (LCME). The following abilities and characteristics are defined as technical standards, and are requirements for admission, retention, promotion, and graduation.

Specific Standards

In addition to documented academic ability and other relevant personal characteristics, the Case Western Reserve University School of Medicine expects all applicants for admission to possess and be able to demonstrate the skills, attributes, and qualities set forth below, without unreasonable dependence on technology or intermediaries.

- 1. Observation**

Candidates must be able to obtain information, and actively participate in, demonstrations and experiments in the basic sciences. Such experiments include, but are not limited to the dissection of cadavers, examination of specimens in laboratory settings, and the microscopic examination of specimens. Candidates must be able to accurately attain information from patients and evaluate findings. They must be able to perform a complete physical examination in order to assimilate findings based on this information and to cultivate an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

- 2. Communication**

Candidates must be able to communicate effectively, sensitively, and efficiently with patients, their families, health care professionals, colleagues, faculty, and staff. Candidates must be able to acquire the patient's medical history in a timely manner, interpret non-verbal information, and establish a therapeutic rapport with patients. Candidates are also required to record information accurately and clearly; and communicate efficiently in English with other health care professionals.

- 3. Motor-Function**

Candidates, after appropriate training, must possess the capacity to perform physical examinations and diagnostics maneuvers. Candidates are required to respond to clinical situations in a timely and efficient manner while providing general and emergency care. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular functions, and balance and equilibrium.

- 4. Intellectual-Conceptual, Integrative, and Quantitative Abilities**

Candidates must be able to assimilate detailed and complex information presented in both didactic and clinical coursework. The candidate must be able to learn through a variety of methods including, but not limited to, classroom instruction, small group, problem-based learning groups, team and collaborative activities, individual study, preparation and presentation of reports simulations, and through the use of technology. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information.

- 5. Behavioral and Social Attributes**

Candidates must exhibit the emotional stability required for full utilization of their intellectual abilities, which includes, but is not limited to, the exercise of good judgment, and the prompt completion of responsibilities associated with the diagnosis and care of patients. Candidates are expected to exhibit integrity, honesty, professionalism, compassion, and display a spirit of cooperation and teamwork. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession. Candidates must interact with patients and their families, health care professionals, colleagues, faculty, and staff in a courteous, professional, and respectful manner. The candidate accepts responsibility for learning and exercising

good judgment. Candidates are expected to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must possess the physical and emotional endurance to tolerate physically demanding workloads and function in a competent and professional manner in high stress, fast paced situations, adapt to changing environments, display flexibility, and manage the uncertainty intrinsic in the care of patients and the health care system.

Equal Access to the School of Case Western Reserve University's School of Medicine Educational Program

Case Western Reserve University's School of Medicine is committed to providing all students with opportunities to take full advantage of the educational and academic programs. The School of Medicine recognizes that students with documented disabilities may require reasonable accommodations in order to achieve this objective and/or meet the technical standards.

Should, despite reasonable accommodation (whether the candidate chooses to use the accommodation or not), a candidate or student's existing or acquired disability interfere with patient or peer safety, or otherwise impede the ability to complete Case Western Reserve University's School of Medicine's undifferentiated program and advance to graduation, residency, training, or licensure, the candidate may be denied admission or may be separated, discontinued, or dismissed from the program.

It is the responsibility of a candidate with a disability, or a candidate who develops a disability, who requires accommodations in order to meet these technical standards, to self-disclose to Disability Resources and request accommodations. Candidates must provide documentation of the disability and the specific functional limitations to Disability Resources. Candidates who fail to register with Disability Resources or who fail to provide the necessary documentation to Disability Resources shall not be considered to be claiming the need for, or receiving, accommodations under the federal or state disability laws. Students are held to their performance, with or without accommodation. No candidate will be assumed to have a disability based on inadequate performance alone. Accommodations are not applied retroactively, and a disability-related explanation will not negate an unsatisfactory performance.

Requesting Disability Accommodations

Candidates are not obligated to self-disclose their disability to Disability Resources, other staff members, or faculty. However, students with disabilities who wish to obtain accommodations, auxiliary aids and/or services, must self-disclose their disability and direct their request(s) for accommodation(s) to the office of Disability Resources.

Disability Resources

Location: Sears Building, Room 402

Phone: 216.368.5230

Email: disability@case.edu

For more information: <https://case.edu/studentlife/disability/>

In order to proceed with a determination of eligibility for services and the provision of applicable and reasonable accommodations, students must disclose their disability by registering with Disability Resources through their webpage ("Getting Started"). Students are required to complete the "New Student Application"

through the Accessibility Information Management (AIM) system. Once the application is complete, students must upload, email, or mail documentation of their disability to the office of Disability Resources.

While students can disclose a disability and request an accommodation at any time during their enrollment, students are encouraged to disclose the need for accommodation(s) as soon as possible. Time for documentation review and arrangement of accommodation(s) is necessary, and may take four to six weeks. Accommodations are not retroactive.

While the School of Medicine works in conjunction with Disability Resources to determine and coordinate reasonable accommodations, disability documentation and students' individual diagnoses remain confidential.

Temporary Disabilities (Illness & Injury)

Students should be aware that the University is not obligated to provide accommodations for students with temporary disabilities, illnesses, or injuries, but will attempt to do so when feasible.

As a courtesy, Disability Resources will attempt to provide services to students who experience acute illness or injury that will allow them to access the physical campus as well as the academic curriculum.

If the injury or illness necessitates accessible parking, and/or campus transportation services, the student should contact Disability Resources for assistance.

Ability to Meet the School of Medicine's Technical Standards

All candidates for the School of Medicine will be required to complete a Technical Standards Attestation form on a yearly basis. If at any point an enrolled candidate ceases to meet the technical standards of the School of Medicine, they must notify Disability Resources, who will determine what accommodations are reasonable.

If, after all reasonable accommodations are made, there is concern that the student remains unable to meet the technical standards, the student will be referred to the Committee on Students, who will review the student's performance. It is the responsibility of the Committee to determine whether a student can or cannot meet the described standards after reasonable accommodations have been made. The Committee on Students will determine any necessary actions on a case-by-case basis.

Students are expected to read and attest that they meet the technical standards on a yearly basis.

Approved by the Committee on Medical Education 12/10/2015

Revised 7/1/2021

Administrative Offices

Offices of the Dean and Vice Deans

Office of the Dean

BRB, Room 113 or HEC, Room 409J

216.368.2825

Stanton L. Gerson, MD, Interim Dean, School of Medicine and Interim Senior Vice President for Medical Affairs, is responsible administratively for all activities of the School of Medicine including academic, student, and faculty affairs. He serves *ex officio* on all student-related faculty committees.

Tina Balamenti, Administrative Operations Manager

BRB 113 / 216.368-2825 / tmb36@case.edu (Office of the Dean, School of Medicine)

WRB 1-422E | 216.368.2057 | tmb36@case.edu (Office of the Director, Case Comprehensive Cancer Center)

Susan Reichert, MNO, Executive Assistant to Interim Dean Stan Gerson, MD

BRB 113 or HEC 409J | 216.368.2002 | sxr406@case.edu

Office of Medical Education

HEC Room 409M

216.368.1948

Lia Logio, MD, Vice Dean for Medical Education, is responsible administratively for all medical education activities of the School of Medicine.

Kathy Miller, Senior Director of for Medical Education Operations

216.368.2391 | kmiller@case.edu

Kathleen Burke, Executive Assistant to Vice Dean Lia Logio, MD

216.368.3731 | keb151@case.edu

Pora Cho, Operations Specialist

216.368.1948 | prc53@case.edu

Office of Research Administration

BRB, Room 930

216.368.4406

Mark R. Chance, PhD, Vice Dean for Research in the School of Medicine, is responsible administratively for overseeing the Office of Medical Student Research whose mission is to facilitate opportunities for University medical students to develop their interests in research and scholarship.

Maita M. Diaz, Assistant to the Vice Dean for Research & Assistant Director

BRB 9th Floor | 216.368.0291 | mxd235@case.edu

A complete listing of other administrative offices can be found on the School of Medicine [directory](#).

Revised 7/1/2021

Administrative Offices

Office of Student Affairs and the Academic Societies

The Office of Student Affairs and the Academic Societies is committed to student well-being, academic mastery, and student attainment of their career goals. Upon matriculation to the CWRU School of Medicine, all students are randomized into one of five Academic Societies that are named after important people in the history of the medical school. The Academic Societies are led by Society Deans who serve as advisors and mentors, helping students navigate the curriculum and providing students with advice and support for residency and career planning. The Society Deans function in a group practice model and are available 24/7. Students work primarily with their Society Dean, but are encouraged to use the resources of all five deans. The Societies aim to foster close relationships and a sense of community among students.

Also see [The Academic Societies of the School of Medicine](#)

The Academic Societies are home for advising at the School of Medicine. There is a four- year curriculum for:

- Personal advising, support, and student well-being
- Academic advising and support
- Career advising and support.

The following table summarizes a four-year curriculum in personal, academic and career advising:

Years	Personal Advising/Wellness	Academic Advising/Support	Career Advising/Support
1 & 2	<ul style="list-style-type: none"> • Society Dean 1:1 meetings • Referrals: UCS, UHS, Disability Services, Office of Equity • Reviewing attendance history • Creating Community: Intersociety Council (ISC), Oath Writing Workshop, Student Clinician Ceremony 	<ul style="list-style-type: none"> • Society Dean 1:1 Meetings • Regular group meetings • Tutoring/Consult Tables • Remediation Planning • Timing of and preparation for USMLE exams • Match Timeline-starts in year 2 • Advising meetings to discuss research, clinical mentors, academic review, USMLE exams, and planning ahead 	<ul style="list-style-type: none"> • Society Dean 1:1 Meetings • Faculty specialty panels • Interest Groups • AAMC Careers in Medicine • CV Preparation and review • Choices Workshop
3		<ul style="list-style-type: none"> • M4 Planning: choosing electives and AI's, meeting graduation requirements • Review Match Timeline 	<ul style="list-style-type: none"> • CWRU Roadmap to Residency • Residency application preparation: finding mentors, LOR's, CV Review • Sharing protected data: CWRU 3-year match averages, NRMP report of CWRU matched students • ERAS and NRMP messaging and support
4		<ul style="list-style-type: none"> • Review Audit Checklist for Graduation Requirements • Timing of and preparation for USMLE exams • Review Match Timeline 	<ul style="list-style-type: none"> • Preparing the MSPE • Letters of Recommendation strategy, reviewing personal statement • Personal Statement Workshops • Interviewing Workshops and mock interviews • ERAS and NRMP messaging and support • Assisting students in SOAP

Personal Advising & Student Wellness

The School of Medicine conducts education in a way that promotes student wellness. This stems from a deeply ingrained ethos that “students are junior-colleagues” to the faculty. Structural innovations in education such as learning in groups, pass/fail grading, limited examinations, and academic societies have shown to improve student wellbeing. The school acknowledges that medical school is stressful and the Society Dean is available as a confidential advisor to help a student develop a plan for success. The Office of Student Affairs also actively supports balancing programs at stressful times.

Academic Advising

The Society Deans monitor and support students throughout their time at the School of Medicine. This support takes the form of 1:1 meetings, small group meetings, and class meetings, preparation of timelines, USMLE Exam preparation, and preparation of the clinical schedule. This culminates in the preparation of the Medical Student Performance Evaluation (MSPE). The Society Deans are assisted by the Office of Academic Advising, which provides tutoring and learning skills training.

Career Advising

The Office of Student Affairs coordinates a four-year curriculum to help students identify a specialty and secure a residency position. Activities range from 1:1 counseling, small group workshops, large group presentations, promotion of peer advisors and student interest groups, AAMC Careers in Medicine presentation, maintenance of the CaseMed Guidebook website, sharing national and school specific data with students, Electronic Residency Application System (ERAS) education, and National Residency Matching Program (NRMP) education.

The Society Deans

Jill Azok, MD, Assistant Dean for Student Affairs, Dean of the Satcher Society

Marjorie Greenfield, MD, Assistant Dean for Student Affairs; Dean of the H. Jack Geiger Society

Jason Lambrese, MD, Assistant Dean for Student Affairs, Dean of the New Society

Todd Otteson, MD, MPH, Assistant Dean for Student Affairs; Dean of the Blackwell-McKinley Society

Angelique Redus-McCoy, MD, Assistant Dean for Student Affairs; Dean of the Robbins Society

Steven Ricanati, MD, Associate Dean for Student Affairs; Dean of the Wearn Society

Office Support Staff

Molly Simmons

HEC Room 413F | 216.368.2831 | Email: mag167@case.edu

Ms. Simmons is the Administrative Director for the Office of Student Affairs. She provides direct administrative support to the office, oversees office operations, and assists with student issues.

Nastasia Harris

HEC Room 411 | 216.368.3164 | Email: nnh2@case.edu

Ms. Harris is the Department Assistant for the Office of Student Affairs. She provides general support for the office, schedules student appointments, and serves as a point of contact for the office.

Akida Weir

HEC Room 413D | 216.368.2212 | Email: axw528@case.edu

Ms. Weir is the Student Life Coordinator in the Office of Student Affairs. She coordinates major events including the Graduation Awards Ceremony, first year Orientation, and activities of the school's chapter of the Alpha Omega Alpha Honor Medical Society.

Sarah Sells

HEC Room 411 | 216.368.3164 | Email: sjl12@case.edu

Ms. Sells is the Program Manager for the Robbins Bridge Program, which is supported by the Joan C.

Edwards Charitable Foundation. Ms. Sells works with high school students and Edwards Scholars throughout their tenure as students at Case Western Reserve University.

Tracye Conley-Jackson

Email: tlc2@case.edu

Ms. Conley-Jackson is the Career Planning and Pathways Coordinator, a shared position in the Office of Student Affairs and in the Office of Medical Education. She coordinates all career planning activities, workshops, and manages the longitudinal career planning curriculum. She also coordinates all aspects of the Pathways programs, working with faculty leaders and managing activities.

General inquiries and appointment requests can be directed to societydeans@case.edu.

Revised 7/1/2021

Administrative Offices

Office of Academic Advising: Tutoring & Consult Services Program

Program Advisor: Steven Ricanati, MD, Associate Dean for Student Affairs, Office of Student Affairs and the Academic Societies

The Office of Academic Advising is committed to helping students master the medical school curriculum.

The Consult Services & Tutoring Program has been developed to provide medical students with opportunities for learning assistance outside of class. The program offers individual and group study opportunities throughout the academic year.

- Consult tables: regularly scheduled drop-in sessions during the pre-clinical curriculum, staffed by a structure and block content specialist.
- Individual/group tutoring: students may arrange individual or group sessions which are sponsored by the school.
- Time management and Study Skills Counseling: to help students improve their personal productivity.

Consult Tables is a devoted weekly time for students to come in with questions or to work through assignments. Topics may vary and can include study tips, board prep, class assignments, and general topic review. Students should come with specific questions when possible, but group learning is also promoted, and students should feel welcome to come work on assignments, asking for assistance as needed.

The sessions are designed to meet the needs of first- and second-year medical students and can be modified to fit the content currently being covered in the curriculum. Consult Tables sessions provide a content expert for block materials as well as an expert for structure (anatomy). This organization works directly with the academic deans to ensure that students are receiving the assistance they need when they need it. Consult Tables leaders keep students updated by e-mailing Consult Table reminders and announcements on a regular basis.

Time-Management and Study Skills Counseling is an additional resource of the Consult Services Program. Ms. Judith Olson-Hammer meets with medical students to discuss strategies for time-management, studying, and note-taking relevant to our problem-based curriculum. Ms. Olson-Hammer has several designated appointments each week at the School of Medicine from early September through the end of May. Students may self-schedule appointments at the School of Medicine and email her directly with concerns at jko2@case.edu.

*The Office of Academic Advising operates under the umbrella of the
Office of Student Affairs and the Academic Societies.*

Revised 7/1/2021

Administrative Offices

Office of Curricular Affairs

The purpose of the Office of Curricular Affairs (OCA) is to oversee and support curriculum development and implementation, curriculum evaluation and outcomes assessment, faculty development programs, and resources management related to these activities. The mission of the OCA is to build a collaboration of faculty, staff and students that is committed to the development and support of teaching and learning at the Case Western Reserve University School of Medicine.

Curriculum Site: <https://case.edu/medicine/admissions-programs/md-programs/curriculum>

To accomplish this mission, the OCA has the following goals:

1. Providing leadership and collaborating with faculty, staff and students to plan, implement, enrich, and revise the curriculum.
2. Providing educational support services to facilitate the planning and delivery of the ongoing basic science and clinical instructional activities.
3. Developing and implementing programs to assess learners and evaluate educational activities that will provide valid, reliable, and useful data on the processes and outcomes of teaching and learning.
4. Creating and implementing opportunities for teacher – learner development that will build educational excellence.
5. Seeking opportunities to work with faculty and students on educational scholarship and research about methods, assessment, teaching and learning in medical education and supporting the dissemination of findings at both local and national levels.
6. Building a communication network among faculty, staff and students to enhance the sharing of best practices and the commitment to quality improvement.
7. Providing support and expertise for seeking external funds to enable the piloting and development of educational innovations.

Curriculum Leadership

Lia Logio, MD, 409M <i>Vice Dean for Medical Education</i> lxl789@case.edu	Amy L. Wilson-Delfosse, PhD, 499V <i>Associate Dean for Curriculum</i> 216.368.3494 axw41@case.edu
Colleen M. Croniger, PhD, 499R <i>Assistant Dean for Basic Science Education</i> <i>Assistant Dean for Medical Student Research</i> cmc6@case.edu	Wei Xiong, MD <i>Assistant Dean for Clinical Education-University Hospitals</i> wei.xiong@uhhospitals.org
Craig Nielsen, MD <i>Assistant Dean for Clinical Education-Cleveland Clinic</i> NIELSEC@ccf.org	Robert Jones, MD <i>Assistant Dean for Clinical Education-MetroHealth Medical Center</i> rjones@metrohealth.org
TBA, 499D <i>Assistant Dean for Health Systems Science</i>	Simran Singh, MD <i>Assistant Dean for Clinical Education-Cleveland VAMC</i> simran.singh@va.gov

[List of FMH Block Leaders and Clinical Clerkship Directors](#)

Curricular Affairs Staff

Minoo Darvish, MEd, 499T <i>Executive Director, Office of Curricular Affairs</i> minoo.darvish@case.edu 216.368.3356	
Dyna Bolar-Speights, 401M <i>Coordinator of Physical Diagnosis</i> dx170@case.edu 216.368.0590	Celinda Brandt-Miller, 401A <i>IQ Program Manager</i> cbm61@case.edu 216.368.3630
Carol Chalkley, 499D <i>Administrative Director, Clinical Curriculum</i> cab26@case.edu 216.368.3783	Sharon Callahan, 499H <i>Administrative Director, Medical Student Research</i> slc17@case.edu 216-368-6972
Kathy Dilliplane, 401C <i>Assessment Administration Specialist</i> Kxd348@case.edu somexam@case.edu 216.368.3440	Deidre Gruning, 499 E <i>Administrative Director, Educational Innovations & Health Systems Science</i> <i>Course Manager, Block 1</i> dx38@case.edu 216-368-2178
Nivo Hanson, 401B <i>Assistant Director of Education Support Team</i> <i>Course Manager, Blocks 2, 4, and 6</i> nah8@case.edu 216.368.6839	Kurtis B. Hoffman, MA, 401A <i>Patient-Based Program Manager</i> Kbh22@case.edu 216-368-3980
Jennifer Lennon, 499J <i>Administrative Director of Clinical Curriculum</i> jml32@case.edu 216.368.1541	Michele Mumaw, PhD, 499F <i>Interim Director of Student Assessment</i> mmm187@case.edu 216.368.4091
Patti Quallich, 401E <i>Structure Course Manager</i> pvq@case.edu 216.368.6617	Dawn Reid, 401D <i>Program Manager</i> dmb140@case.edu 216.368.4978
Eva Orszag, 401C <i>Course Manager, Blocks 3, 4, and 5</i> exo101@case.edu 216.368.7561	Yifei Zhu, 401B <i>Evaluation Manager</i> yxz828@case.edu 216.368.1999
Kelli Qua, PhD, 499K <i>Interim Director, Evaluation and CQI</i> kxr269@case.edu 216.368.5189	TBA, 401D <i>Course Manager, Block 8</i>

Revised 7/1/2021

Administrative Offices

Office of Diversity, Equity, and Inclusion

The Office of Diversity, Equity, and Inclusion is responsible for many initiatives in the School of Medicine and works closely with faculty, school leadership, and staff.

Blanton Tolbert, PhD; Vice Dean of Diversity, Equity, and Inclusion
bst18@case.edu

Tina Lining, MSSA; Director, Diversity, Equity, and Inclusive Excellence
tar5@case.edu

The Office of Diversity, Equity, and Inclusion for Students provides a wide range of student support, with an emphasis on racial and ethnic minorities, the LGBTQ community, and first-generation students. All students are welcome to this office.

Monica Yepes-Rios, MD; Assistant Dean for Diversity, Equity, and Inclusion for Students
amy43@case.edu

Joseph Williams; Director, Diversity Initiatives and Community Engagement
jxw26@case.edu

Revised 7/1/2021

Administrative Offices

Office of the Registrar

The Office of the Registrar for the School of Medicine maintains the active and permanent academic record for students in the MD, PA and MSA programs. The office is responsible for registering students and for processing elective and clerkship registrations and add/drops, withdrawals, as well as recording final and permanent grades. In addition, the office is responsible for maintaining the confidentiality, accuracy and integrity of student records and providing appropriate data to further the educational process of the School including credentialing information.

The Office of the Registrar can access up-to-date name and address information for each student and also provides official academic transcripts. The Registrar's Office provides, by student request, letters of good standing and enrollment verifications. The Office maintains the course catalog for all electives including clinical electives at affiliate hospitals. The Office of the Registrar also provides support to senior medical students applying for residency. Additionally, graduates in need of documentation to support the professional licensing credentialing process should contact the School of Medicine Office of the Registrar for more information.

Staff

- **Siu Yan Scott**, Registrar
- **Kelsey Jorgensen**, Assistant Registrar
- **Kathleen Anderson**, Verifications and Records Coordinator
- **Kiara Vance**, Student Services Coordinator
- **[OPEN]**, Credentialing Coordinator

HEC Room 413E

216.368.6137

som-registrar@case.edu

[More information](#)

Revised 7/1/2021

Administrative Offices

Office of Admissions

The primary function of the Office of Admissions is the oversight of the application and selection process for the SOM entering class each academic year. The goal of the admissions process is to further the mission of the Case Western Reserve University School of Medicine, which includes excellence in medical education, discoveries in translational science, and improving community health. To best meet the needs of the diverse populations in Ohio and beyond, and to achieve the goals of the institution, the School of Medicine's admissions process uses a balanced and holistic approach that considers an applicant's academic metrics, experiences, and personal attributes in order to achieve the educational benefits of a diverse student body and future physician work force.

Lina Mehta, MD, Associate Dean for Admissions

Christian Essman, Senior Director of Admissions and Financial Aid

Tom McKenzie, Assistant Director of Admissions

Renee Pickel, Operations Coordinator

HEC 111

216.368.3450

Casemed-admissions@case.edu

[More information](#)

Revised 7/1/2021

Administrative Offices

Office of Financial Aid

The Office of Financial Aid (part of the Office of Admissions) assists students in obtaining loans, grants, and scholarships from various federal, private, and school sources. Financial Aid staff works closely with students and their families to decide the financial plan for their medical education. The Office of Financial Aid is committed to providing students access to funds for which they qualify. Financial need, the principal consideration in determining how much total aid an individual receives, is determined by a national needs analysis service. Students must complete the CWRU-MED Financial Aid Form, the Free Application for Federal Student Aid (FAFSA), and the CSS Profile.

Throughout their education, students who receive financial aid must maintain contact with the Office of Financial Aid, keep the office informed of any changes in their financial situation, and finalize the details of their financial aid processing. Individual budgeting, debt management, and credit counseling sessions are provided to students through our Money Matters Financial Wellness curriculum. Students will also have the opportunity (a requirement for all federal loan borrowers and students receiving need-based aid) to participate in Money Mentors, where they will have a one-on-one session with a Money Mentor to review their individual budgets and to plan the future funding of their medical education.

A mandatory exit interview session that summarizes total borrowing and repayment plans takes place prior to graduation.

Sara Donnelly, MEd, Director of Financial Aid

Rachel Tong, Assistant Director of Financial Aid & Financial Wellness Advisor

HEC 111B8

216.368.3666

[More information](#)

Revised 7/1/2021

Office of Medical Student Research

Experiences in research and scholarship are required for all MD students. The Office of Medical Student Research guides students to research opportunities and helps facilitate the research and scholarship component of the curriculum. This office is responsible for coordinating all research activities for MD students, including elective summer research opportunities, the required 4-month research block, research electives, and opportunities for an additional year of research for those students interested in pursuing more research training. Mentored research experiences are the primary format through which students develop their interests and fulfill the research and scholarship requirements, including the MD thesis. Students are encouraged to identify and pursue their interests in any aspect of biomedical or social/behavioral research and are provided guidance and supervision through this office. This office also coordinates the review committee for submissions to the annual AOA Carolyn L. Kuckein Student Research Fellowship and Summer Research Fellowships. The Office of Medical Student Research also coordinates student credentialing for curricular research and approves non-curricular research.

Colleen Croniger, PhD

Assistant Dean for Medical Student Research
Assistant Dean for Basic Science Education
HEC Samson Pavilion 499R
216-368-3529

Sharon Callahan, MPA

Administrative Director for Medical Student Research
HEC Samson Pavilion 499K
216.368.6972

Contact: MedStudentResearch@case.edu

[More information](#)

Administrative Offices

Technology Support at Health Education Campus (HEC) Samson Pavilion

The HEC has a UTech HEC Care Center (Tech Bar) located at the south end of the courtyard on the first floor of Samson Pavilion. The HEC Support team assists students with any computer problems, issues, repairs, or other technical support needs. There is also a limited supply of loaner laptops that students can request for use for a limited amount of time. The team provides technical support for all faculty, students and staff in all of the schools in the HEC.

The HEC Support team provides computer orientation support along with the SOM Utech team when students matriculate.

The Tech Bar operates from 8:00am - 5:00pm, Monday - Friday. Students may also contact the team by emailing hecsupport@case.edu and someone will assist you. While the University is working remotely, if you need assistance, you can connect to our online Zoom room: <https://bit.ly/2Dd5zZp> (8:00 am - 5:00 pm (EST), Monday - Friday). If you require assistance after hours, please contact the University Help Desk, by emailing help@case.edu or calling 216-368-HELP (4357).

The HEC has extensive wireless access for all users, including access to the internet and University software tools throughout the building. Students also have access to wireless printing kiosks located on the first and fourth floor of the building. The HEC provides the most advanced technology possible to enhance and accelerate education.

SOM UTech

The School of Medicine Utech team is located at main campus. They provide application development support for many applications used by medical students including but not limited to ePortfolio, eAssessment, Scheduling, IQ Facilitators iPad app, many integrations with Canvas as well as applications that support Medical Education faculty and administration.

They are responsible for managing all academic and administrative servers in the School of Medicine and SQL database management. They provide all technology support needs of administrative faculty and staff, including orientation, hardware and software support, installations, and upgrades.

casemedhelp@case.edu

216-368-HELP (4357)

Revised 7/1/2021

University Support Services

Office of Accommodated Testing & Services (OATS)

The Office of Accommodated Testing & Services (OATS) provides accommodations as determined by Disability Resources for undergraduate, graduate, and professional students, including testing accommodations, note-taking services, and assistive technology.

Ms. Judith Olson-Hammer also serves as a learning specialist for the School of Medicine, meeting medical students who wish to enhance their study strategies and time management. See the Office of Academic Advising for more details on meeting Ms. Olson-Hammer.

[More Information](#)

Sears Building, 440
216.368.0399

University Support Services

University Health & Counseling Service

Sara H. Lee, MD, Executive Director

University Health and Counseling Services, Division of Student Affairs

University Health & Counseling provides integrated medical, mental health and wellness services for students of Case Western Reserve University. We value a collaborative, holistic approach to treating the mind and body and promoting wellness. Our interdisciplinary team includes physicians, psychiatrists, psychologists, nurse practitioners, social workers, counselors, nurses, nutritionists, health promotion specialists, and medical assistants. Services include primary and episodic care, individual and group mental health counseling, psychiatric care, nutrition, travel medicine, substance use and recovery support, sexual and women's health, care management and gender-based violence advocacy. Wellness and health promotion programs include vaccinations and screenings, stress management and resilience, healthy sleep, and many other programs. University Health, Counseling and Wellness administrative staff coordinate the Student Medical Plan with Aetna Student Health. All services and records are confidential. Visits are at no cost to enrolled students.

Health Services

Students can access their UH&CS health screening and immunization records by logging into <https://myhealthconnect.case.edu> with their Case network ID and password and providing their date of birth. UH&CS coordinates with the SOM Office of Student Affairs to provide on-site annual TB testing and influenza vaccinations. Students can submit documentation of vaccination, titers or TB tests administered elsewhere via myhealthconnect.case.edu or at the UH&CS office.

Primary & Episodic Care

University Health Service is designed to help students become and stay healthy. We offer preventative care and treat a wide range of primary care and acute illnesses, including:

- Fever/cough/sore throats
- Rashes
- Sprains/cuts/injuries
- Allergies
- Urinary tract infections
- Headaches
- Weight-related problems
- Sleep difficulties
- Depression/anxiety
- Sexual health (including contraception, LGBTQ care, sexually transmitted infections, women's health care)

Expedited Care

- TB testing
- Vaccinations (including Influenza)

- Immunity Titers
- Urine toxicology screening
- Form completion for clinical placement

Prescriptions/ Rx

Clinicians at UH&CS can continue to prescribe most medications for students. Certain medications may require a referral to a specialist. Students diagnosed with ADHD and taking medications can contact Counseling Services or visit <https://students.case.edu/wellness/services/counseling/adhd/>

Appointments and location:

Appointments are available online at <https://myhealthconnect.case.edu> or by calling 216.368.2450.

2145 Adelbert Road

Nurse Advice line 24/7 (216) 368-2450

Counseling Services

University Health & Counseling Services (UH&CS) has improved access to counseling services with walk-in visits during all office hours. We have made the process of accessing care more efficient and have eliminated the wait. It is as straightforward as this: If you would like to see a counselor, walk in. A limited number of online appointments are available at <https://myhealthconnect.case.edu>.

Individual Counseling

Individual counseling is offered on a short-term basis (usually between 3 and 12 sessions a year) with a counselor to discuss a personal or mental health concern relating to anxiety, depression, stress, academic difficulties, relationship problems, substance use or other issues.

Group Counseling

Therapy in a group setting can be a productive and supportive way to address common concerns. Students meet as a group with one or more clinicians to explore a specific topic and develop coping skills. Some groups are time limited, while others are ongoing. Group offerings vary each semester and lists are updated at the beginning of the semester. Current offerings are on our website:

<https://students.case.edu/wellness/services/group/>

Get started: If you are currently meeting with a UH&CS counselor, speak to them directly about a referral to group. If you are not already seeing a UH&CS counselor, stop by our office in 220 Sears Library for a walk-in appointment to establish care and to learn more about our groups. Additional information is available by calling 216.368.5872.

Psychiatry Services

Psychiatry services are available at UH&CS for students currently taking or interested in starting medications for treatment of psychiatric conditions. Students who wish to see a psychiatrist should have an initial appointment with health or counseling to assess for referral. Please note: we do not offer emergency psychiatry services, emergencies are referred to local hospital emergency departments.

University Counseling Service (UCS)

201 Sears Library Building

216.368.5872

Monday through Friday: 8:30 a.m. to 5 p.m.

After Hours/Weekends/Holidays Emergencies:

Call 216.368.5872

Follow the prompts to access the university counselor on call

Student Advocate

The Student Advocate is available to provide confidential short-term counseling, support, resources & advocacy to all undergraduate and graduate students of any gender who have experienced sexual, dating, or power-based personal violence. Advocates have office hours 5 days a week in University Counseling Center, Center for Women, and/or the LGBT Center, and are available on a walk-in basis or by appointment. All services and sessions are free & confidential. The Advocate's role is to

- Help students understand, evaluate, & choose among services & resources available both on & off campus
- Clarify the University process for sexual misconduct incidents
- Refer students to appropriate resource(s) once they have identified a recovery plan & goals

CWRU Advocate 216.368.8639| 24/7 SAFE Line 216.368.7777

[More information](#)

Student Wellness- Think well. Live well. Be well.

Case Western Reserve University is committed to building a campus culture that supports your health and well-being. Numerous programs and workshops are offered throughout the year to keep our students healthy, happy and productive. Topics include resilience, stress management, financial wellness, sleep, mindfulness, health screening, vaccination and others. Check out our **CampusGroups** page for upcoming events.

Medical Plans & Disability Insurance

Student and Dependent Medical Plans

Students registered for one or more credit hours are automatically enrolled in the Case Western Reserve Student Medical Plan. The Medical Plan fee is automatically billed each semester (fall and spring) at the time the student registers. To effectively waive the CWRU Student Medical plan, students must log into the Student Information System (SIS), select 'Waive Optional Fees' and answer several Yes/No questions regarding their current health insurance plan. Once submitted, waivers are irrevocable for the semester. Information about the Student Medical Plan can be found at

<https://students.case.edu/wellness/medicalplan/>

The University offers an Optional Dependent Medical Plan for dependent spouses, domestic partners, and children of students. Spouses and dependents are not eligible for care at the University Health & Counseling Services

University Support Services

Disability Resources

Students with a disability who desire accommodations should contact the Disability Resources office. The Assistant Dean of Disability Resources and staff will work with students to determine and implement accommodations. Information related to a student's disability is kept confidential by Disability Resources and is not shared with the School of Medicine unless disclosed by the student. Reasonable accommodations are determined for each student on a case-by-case basis.

Eboni D. Porter, Assistant Dean of Disability Resources

Sears Building, Room 402
216.368.5230
disability@case.edu

[More Information](#)

Revised 7/1/2021

University Support Services

University Division of Student Affairs

The University Division of Student Affairs is the administrative home to many of the University's student service offices and organizations; it brings together departments that are devoted to furthering the quality and ease of a student's academic and co-curricular life at CWRU. **The University Division of Student Affairs is also a central source of information about University Policies and Procedures** that affect students.

Crisis intervention is an important function of this office. In addition to the School of Medicine Office of Student Affairs, students who have personal or family problems may also contact the Division of Student Affairs at 216.368.2020 to communicate their needs or concerns. The goal of this office is to listen, intervene if appropriate, or refer the student to other resources. Students' concerns remain confidential.

110 Adelbert Hall

216.368.2020

[More information](#)

The University Division of Student Affairs offers a wide variety of support services for students including food insecurity resources, the student emergency fund, and the Interreligious Council. More resources can be found [on their website](#).

The **Physical Resource Center** and several **food pantries** are available to students. Items available include clothing, small furniture, kitchen items, school supplies, and in the pantries, a selection of non-perishable food items.

The **Student Emergency Fund** was created by a generous gift from Candace and Vincent Gaudiani to assist Case Western Reserve University students who encounter an unforeseen financial emergency or event which would otherwise prevent them from continuing their education at Case Western Reserve. These funds are not intended to be used for routine expenses or as a consistent supplement to a student's education funding sources. Requests must be urgent in nature. **These funds are not meant to cover costs typically addressed by financial aid.** An event or unforeseeable circumstance must be the cause of the loss of funds in order to be eligible for student emergency funds.

[More information](#)

Revised 7/1/2021

University Support Services

Office of Equity

The University Office of Equity is responsible for maintenance and enforcement of policies and procedures related to sexual misconduct and Title IX complaints, discrimination and harassment, and accommodations for individuals with disabilities. They host prevention initiatives and campus education around these topics.

Rachel Lutner, Senior Associate Vice President, Equity

[More information](#)

216.368.3066

Curriculum

Case Western Reserve2 (University Program) Curriculum Overview

Programs Leading to an M.D. Degree

The Western Reserve2 Curriculum (WR2) has high expectations for self-directed learning and seeks to train physician scholars who are prepared to treat disease, promote health, and examine the social and behavioral context of health and illness. It interweaves four themes of research and scholarship, clinical mastery, teamwork and leadership, and civic professionalism and health advocacy, to prepare students for the ongoing practice of evidence-based medicine in the rapidly changing healthcare environment of the 21st century.

Scholarship and clinical relevance are the benchmarks for learning, and clinical experiences and biomedical and population sciences education are integrated across the curriculum. The WR2 Curriculum also creates an independent, educational environment where learning is self-directed and where student education primarily occurs through:

1. Facilitated, student-centered learning teams ([Case Inquiry](#))
2. Large group interactive sessions such as Team-Based Learning or didactic sessions that offer a framework or synthesis of a concept area
3. Anatomy sessions that offer opportunity for dissection and learning using holograms
4. Early and longitudinal clinical skills training
5. Patient-based activities
6. Community-based activities
7. Interprofessional collaboration

Curricular Structure of the University Program

Foundations of Medicine and Health	Advanced Clinical Experiences and Residency Preparation	
<u>Basic Sciences and Early Clinical Training</u>	<u>Core Clerkships</u> Sciences and Art of Medicine Integrated	<u>Acting Internships</u> Transition to Residency
	Electives and Board Study	<u>Advanced Electives</u>
	USMLE Step 1	USMLE Step 2 (CK)
Health Systems Science Research and Scholarship → MD Thesis		



Curriculum

The University Program

The Western Reserve² Curriculum (WR2) creates a system of learning that integrates the fields of health and medicine into a single program of study. Education throughout the four years is centered on:

1. Fostering experiential and interactive learning in a clinical context;
2. Stimulating educational spiraling by revisiting concepts in progressively more meaningful depth and increasingly sophisticated contexts;
3. Promoting integration of the biomedical and population sciences with clinical experience;
4. Transferring concepts and principles learned in one context to other contexts;
5. Enhancing learning through deliberate practice, or providing learners with direct observation, feedback, and the opportunity to practice in both the clinical environment and in the School of Medicine's Mt. Sinai Skills and Simulation Center.

The Western Reserve²Curriculum has 10 guiding principles:

1. The core concepts of health and disease prevention are fully integrated into the curriculum.
2. Medical education is experiential and emphasizes the skills for scholarship, critical thinking, and lifelong learning.
3. Educational methods stimulate an active interchange of ideas among students and faculty.
4. Students and faculty are mutually respectful partners in learning.
5. Students are immersed in a graduate school educational environment characterized by flexibility and high expectations for independent study and self-directed learning.
6. Learning is fostered by weaving the scientific foundations of medicine and health with clinical experiences throughout the curriculum. These scientific foundations include basic science, clinical science, population-based science, and social and behavioral sciences.
7. Every student has an in-depth mentored experience in research and scholarship.
8. Recognizing the obligations of physicians to society, the central themes of public health, civic professionalism and teamwork & leadership are woven through the curriculum.
9. The systems issues of patient safety, quality medical care, and health care delivery are emphasized and integrated throughout the curriculum.
10. Students acquire a core set of competencies in the knowledge, mastery of clinical skills and attitudes that are prerequisite to graduate medical education. These competencies are defined, learned and assessed and serve as a mechanism of evaluation of the school's success.

Western Reserve² Curriculum Core Competencies and Educational Program Objectives:

1. Research and Scholarship
2. Knowledge for Practice
3. Interpersonal & Communication Skills
4. Professionalism
5. Personal & Professional Development
6. Patient Care
7. Teamwork & Interprofessional Collaboration
8. Systems-based Practice
9. Reflective Practice

Curricular Composition

The four years of the WR2 Curriculum are divided into four major components, each of which focuses on health as well as disease, and on the health of populations in addition to the health of individual patients.

1. Foundations of Medicine and Health:

This component is made up of six integrated curricular blocks.

- a. **Block 1 – Becoming a Doctor** - is five weeks in duration and gives students an understanding of population health and the doctor's role in society. Typically, students begin their medical education by studying basic science at the molecular level and are often not fully aware of the relevance that this knowledge has in their future education as physicians or how it relates to the actual practice of medicine. This curricular block focuses on how physicians can act as advocates for their patients in the health care system; how social and environmental factors impact health; and the importance of population health. Medical students participate in a variety of experiential, longitudinal, learning experiences designed to introduce them to key population health concepts including epidemiology, biostatistics, community assessment, health risk behavior, and social-environmental determinants of health.

The next five blocks in the Foundations of Medicine and Health are comprised of basic science education, early contact with patients in clinical preceptorships and simulated clinical experiences. Subject matter is integrated across entire biological systems, which permits faculty in the different disciplines to leverage teaching time to convey content and concepts common to their disciplines.

- b. **Block 2 – The Human Blueprint** - is comprised of endocrinology, reproduction, development, genetics, molecular biology, and cancer biology.
- c. **Block 3 – Food to Fuel** - encompasses the gastro-intestinal system, nutrition, energy, metabolism and biochemistry.
- d. **Block 4 – Homeostasis** - includes cardiovascular system, pulmonary system, renal system, cell physiology, and pharmacology.
- e. **Block 5 – Host Defense and Host Response** - focuses on immunology, microbiology, hematology/oncology, infectious diseases, rheumatology, dermatology, and the musculoskeletal system.
- f. **Block 6 – Cognition, Sensation and Movement** - is comprised of neurosciences and mind.

Assessment Week is the final week of blocks 2-6. During this week, no new material is introduced. Learning activities are planned to help students review concepts introduced earlier in the block by presenting these concepts again, sometimes in new contexts, and now integrated with other concepts previously learned. End of block assessment takes place during the reflection and integration week.

- g. **Block 7 – Structure** is the longitudinal block that includes two weeks of Gross Anatomy Bootcamp, Histopathology and Anatomy (HoloAnatomy), Radiology, and Living Anatomy (GARLA).
- h. **Block 8 – Foundations of Clinical Medicine** is the longitudinal clinical skills and experiences block that includes Tuesday Seminars, Physical Diagnosis, communications workshops, procedures workshops, longitudinal preceptorship, and interprofessional education. These activities are described in more detail below.
- i. **Systems and Scholarship** is a longitudinal developmental curriculum which enables students to integrate concepts of basic, clinical and systems science to ensure

improved patient care. The course consists of four components: Research and Scholarship Skills, Quality Improvement, Population Health, and Community Study.

2. **Research and Scholarship:** The WR2 Curriculum increases CWRU's emphasis on research and scholarship to encourage student career development in the areas of basic science, clinical, translational, quality improvement and medical curriculum research. The practice of medicine is becoming increasingly evidence- and science-based, and research teaches students a way of critical thinking that makes them better physicians. The focus on research and scholarship provides medical students with opportunities to pursue individualized areas of interest in great depth and contribute to the scientific community. There is a required 16-week research block. This is a mentored experience in research and scholarship (in years 3 and 4) where students acquire the intellectual tools needed to formulate research questions, critically assess scientific literature, and continue the life-long pursuit of learning that is a critical aspect in the careers of all physicians and physician-scientists. The research project culminates in a thesis, which is written in the format of a manuscript of the leading journal in the particular area of interest. Besides the required research block, the summer following the first year is also available for students to engage in an elective 8-week, full-time, mentored research experiences with a faculty member here or at another university. In addition, it is also possible to opt for a year off devoted to research, which would lead to a five-year curriculum.
3. **Clinical Experiences:** The clinical curriculum cuts across all four years of the medical school curriculum and can be divided into the two major areas of involvement (also see Acting Internships in section 4 below).

Foundations of Clinical Medicine (Block 8): This segment of the clinical curriculum runs longitudinally through the Foundations of Medicine and Health and seeks to develop a broad range of clinical and professional capabilities. Block 8 develops the necessary skill sets through four separate, but integrated, programs:

- **Tuesday Seminars:** Course continues the theme of "doctoring" begun in Block 1 through the Year 1 and Year 2 curriculum. Topics examined include the relationship between the physician and the patient, the family, and the community; professionalism; healthcare disparities; cultural competence, quality improvement; law and medicine; medical error/patient safety; development of mindful practitioners and end-of-life issues.
- **Communications in Medicine:** Course is comprised of seven workshops running through Year 1 and Year 2 that focus on the range of skills needed for effectively talking with patients, including the basic medical interview, educating patients about a disease, counseling patients for health behavior change, and presenting difficult news and diagnosis.
- **Physical Diagnosis:** Course runs throughout Year 1 and Year 2 and includes:
 - Physical Diagnosis 1: introducing the basic adult exam to Year 1 students for one session per week for eight weeks.
 - Physical Diagnosis 2: in-depth regional exams in various formats during Year 1 and Year 2.
- **Patient-Based Programs- Longitudinal Clinical Skills Program** (Classes of 2023 and 2024)-- Starting in the winter of Year 1 and continuing through Year 2, students will develop their clinical skills while working with real patients and care teams in the inpatient and outpatient setting, with complementary skill building assignments and Sim Center sessions.

Core Clinical Rotations: The Core Clinical Rotations that begin after successful completion of Foundations of Medicine and Health are a part of the joint clinical curriculum that is shared by both the University and College Programs.

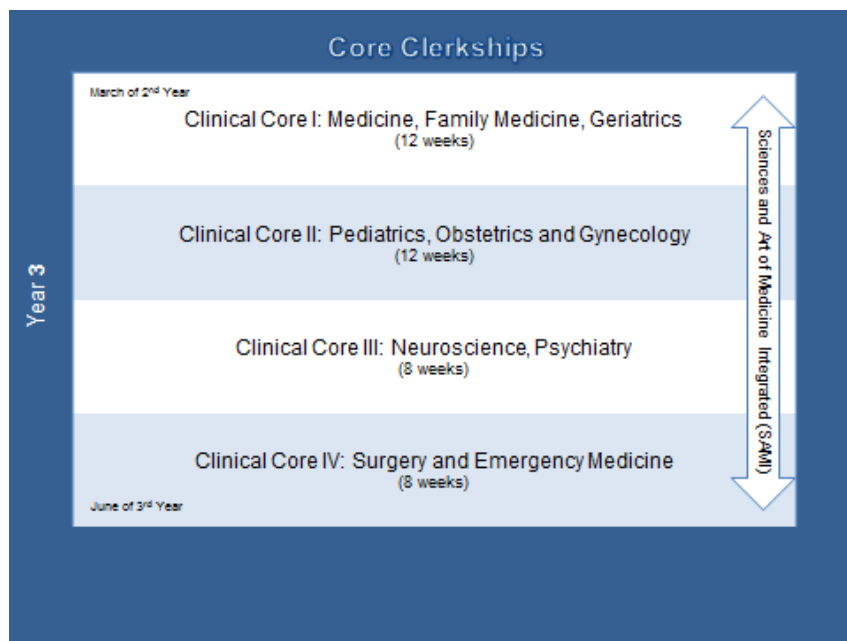
In all Core Clinical Rotations, students experience both the breadth and depth of health and disease, with opportunities to reinforce, build upon, and transfer knowledge and skills. Clinical

learning is integrated across disciplines whenever possible, and the roles of basic science, civic professionalism, scholarship, and population health in clinical care are addressed. Students have patient care responsibilities that are progressive in complexity and increase as their level of clinical skill and knowledge increases. Learning objectives and assessment methods are the same for a given rotation, regardless of the clinical site.

University Program students have the option of participating in either the traditional Core Clinical Rotation schedule, in the MetroHealth Longitudinal Clerkship or in the Cleveland Clinic Longitudinal Clerkship (CCLC).

Traditional Core Clinical Rotations

Beginning in March after Foundations of Medicine and Health, students may undertake their core clinical rotations: Core 1 (Family Medicine, Geriatrics, and Internal Medicine), Core 2 (Pediatrics and OB/Gyn), Core 3 (Neuroscience and Psychiatry), and Core 4 (Emergency Medicine and Surgery). Cores 1 and 2 are 12 weeks in duration and Cores 3 and 4 are 8 weeks. Each of these clinical rotations is offered at the School of Medicine's hospital affiliates: University Hospitals Cleveland Medical Center, MetroHealth Medical Center, and the Louis Stokes VA Medical Center.



Cleveland Clinic Longitudinal Clerkship (CCLC)

Beginning in July 2018, University Program students have the option of completing their clinical rotations as part of a 12-month longitudinal clerkship experience at the Cleveland Clinic. The educational learning objectives remain the same for all Case Western Reserve University students on their core rotations; however, the structure of the CCLC experience will offer some unique features aimed at increased learning, longitudinal experiences with faculty, and creation of a longitudinal learning community. Students will complete all 40 weeks of their core rotations within the Cleveland Clinic Health System and have 8 weeks of electives that can be taken at other core hospitals in Cleveland or as a visiting student at another institution. The structure of the core rotations will differ from other sites in order to integrate a Longitudinal Ambulatory Block (LAB).

Inpatient Experience in three 12-week Blocks:

- Internal Medicine/Surgery: 12 weeks
- Pediatrics/Obstetrics & Gynecology: 8 weeks (+ 4 week elective — see below)
- Neurology/Psychiatry: 8 weeks (+ 4 week elective - see below)

Longitudinal Ambulatory Block (LAB) as fourth 12-week Block:

- Outpatient Experiences
- Additional Experiences (e.g. Palliative Care) and Flexible Time in the LAB weeks

Clinical Electives/Research (two 4-week blocks) — Any clinical site in the city or other institution

Longitudinal Didactics and Learning Groups — Students participate in a community of learning over the year. Topics such as quality/safety, high value care, and palliative medicine will be covered as part of a year-long curriculum.

Team Based Care 1 12 Week Rotation	Team Based Care 2 8 Week Rotation 4 Week Elective/Research	Team Based Care 3 8 Week Rotation 4 Week Elective/Research	Longitudinal Ambulatory Block (LAB) 12 Week Rotation
Inpatient • Internal Medicine • Surgery	Inpatient • Pediatrics • Obstetrics • Gynecologic Surgery <hr/> Elective (any elective, any place) Research	• Neurology • Psychiatry <hr/> Elective (any elective, any place) Research	Outpatient • Internal Medicine • Family Medicine • Geriatrics • Pediatrics • Women's Health Emergency Medicine
LONGITUDINAL LEARNING GROUP			
Sciences and Art of Medicine Integrated (SAMI)			

The **Longitudinal Ambulatory Block (LAB)** will include outpatient components of Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Emergency Medicine, Palliative Medicine and Geriatrics. LAB will also provide exciting opportunities for students to explore disciplines and possible areas of career interest and establish longitudinal experiences by working a half-day a week with the same preceptor over 12 weeks.

12-week Longitudinal Ambulatory Block (LAB) Rotation					
Sample weekly student schedule in LAB. Will be developed individually for each student.					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
12:00 pm	Internal Medicine	Pediatrics	Family Medicine	Women’s Health	Rotation Didactics or LLG
					Rotation or Longitudinal Didactics
1:00 pm	Palliative Med or ER	FLEX TIME	Family Medicine	Geriatrics	SAMI

The MetroHealth Longitudinal Integrated Clerkship (MetroLIC): Students will have the option of completing their core clinical rotations as part of a 12-month longitudinal integrated clerkship experience in the MetroHealth System. The educational learning objectives remain the same for all Case Western Reserve University students on their core rotations, however, the structure of this experience will emphasize longitudinal and integrated experiences with faculty and patients in the diverse MetroHealth community. Students will complete all 40 weeks of their core rotations within the MetroHealth System and have 8 weeks of electives that can be taken at other core hospitals in Cleveland or as a visiting student at another institution. The structure of the MetroLIC is rooted in a year-long, half-day/week, outpatient mentorship with a family physician, internist, pediatrician, surgeon, and obstetrician/gynecologist. The student will work with the same attending physician in each core specialty for the entire year and become an integral member of the clinic team. They will develop longitudinal relationships with patients of all age groups who they can help care for in the inpatient and outpatient settings and across specialties. Time is set aside each outpatient week for students to do surgeries and procedures, deliver babies, work on quality improvement, attend learning sessions, address health disparities, and participate in the care of their panel of patients. On weekends and at other convenient times, the students will be able to work in the emergency department and urgent care settings. Spread across the academic year at approximately four-week intervals, the MetroLIC students will engage in their inpatient core rotations. Each inpatient burst will last 14 days and the student will be a member of the inpatient teams on the internal medicine, pediatric, obstetric, surgical, neurology, and psychiatry services. During their inpatient bursts, they will be full members of the inpatient team caring for the hospitalized and diverse, urban, and underserved community served by the MetroHealth Medical Center.

4. **Advanced Clinical and Scientific Studies:** Advanced clinical and scientific studies provide students with flexible learning opportunities that support ongoing professional development and residency preparation and planning:

- Acting Internships are intensive, inpatient experiences featuring primary patient care responsibility and direct reporting relationships with faculty and upper-level residents. Two [Acting Internships](#) are required for graduation and can be in any area of study.
- Students are encouraged to augment their interest in scholarship through rotations and activities that focus on sciences basic to medicine as well as clinical rotations.

For a detailed description of clinical scheduling, see Appendix IV.

Curriculum

Dual Degree Programs

Medical Scientist Training Program (MSTP)

Derek Abbott, MD, PhD, Program Director

Clifford V. Harding, MD, PhD, Program Co-Director

Agata Exner, PhD, Associate Director

Dominique Durand, PhD, Associate Director

Diane Dowd, PhD, Administrative Director

Crista Moeller, Program and Recruiting Coordinator

Jane Vogelsberger, Program Assistant

Nationally known for a curriculum that integrates basic and clinical sciences, the Case Western Reserve University School of Medicine has provided superior MD/PhD training since 1956 for students aspiring to dual careers in academic medicine and biomedical research. The CWRU [Medical Scientist Training Program](#) (MSTP) has several distinctive features, including:

- Flexible time during the first two years that allows students to complete most PhD coursework and laboratory rotations;
- Personalized clinical instruction during the PhD research years;
- Elective time for special research and clinical experiences in the final year;
- Emphasis on professional development fostered through individual mentoring and group activities (monthly dinner meeting, retreat, etc.)

MD/JD

The School of Law and the School of Medicine offer a specialized dual degree program that allows a student to complete both degrees in six years. A student may spend the first two years and the last two years at the medical school, and the two middle years at the law school. For more information about the JD portion of the program, call the law school admissions office at 216.368.3600 or 800.756.0036, or e-mail lawadmissions@case.edu.

MD/MA Bioethics

The 27-credit-hour Master of Arts in Bioethics program, including a 12-hour foundations course taken during the first year of medical school, emphasizes the interdisciplinary and interprofessional nature of the field. It is designed to provide advanced training in bioethics for those who anticipate encountering ethical issues in the course of their primary careers. Medical school students complete the bioethics program while pursuing their medical degrees; no additional time is required. Admission for the master's degree portion is through the Case Western Reserve University School of Graduate Studies. For more information about the MA requirements, call 216.368.6196, or e-mail bioethics@case.edu.

MD/MS in Applied Anatomy

Students seeking advanced training in the anatomical sciences may begin the 30-hour master's degree program in the fall or spring semester of the first year of medical school. Required graduate courses include the anatomical sciences core curriculum, completed during the first two years of medical school, and an

advanced surgical anatomy course taken in the fourth year. Students earn the remaining credits through elective courses. Completion of a thesis is not required, but students may undertake independent research experiences as electives; a thesis-based program also is available. Interested medical students must apply to the master's program through the Department of Anatomy. For more information about the MS requirements, visit the [Master of Science in Applied Anatomy website](#), call 216.368.2433, or email anatomy@case.edu.

MD/MPH

Graduates of this 5-year, 42-hour master's degree program are qualified to work in local and state health departments, universities and colleges, hospitals, ambulatory medical centers, non-profit organizations and the insurance and pharmaceutical industries. Areas of concentration include health promotion and disease prevention, population health research, health policy and management, global health, and health informatics. For more information about the MPH requirements, visit the [Master of Public Health website](#), call 216.368.2601, or email mph-info@case.edu.

MD/MS in Biomedical Engineering

The goal of the MD/MS in Engineering is to prepare medical graduates to be leaders in the development and clinical deployment of this technology and to partner with others in technology based translational research teams. Current CWRU medical students in either the University Program (UP) or the Cleveland Clinic Lerner College of Medicine (CCLCM) may apply to the MD/MS in Engineering program. Students should apply through the BME department admissions office. For more information about the MS requirements, visit the [Biomedical Engineering website](#), call 216.368.4063, or email bmedept@case.edu.

MD/MS Biomedical Investigation

The goal of the 5-year joint MD/Master of Science in Biomedical Investigation program is to train medical students in basic or clinical research approaches so that the physician graduate may conduct research to advance health. The core activities for this degree include limited credit from the medical core curriculum, 3-6 graduate courses in specific tracks, participation in a common seminar series, scientific integrity training, and a requirement for a special problems project that reflects a full year of research (18 hours of 601 non-graded credits) culminating in a written report and examination. Students are anticipated to complete all graduate courses before entering the research year, allowing full focus on the research experience. Available tracks include: Biochemistry, Clinical Research (CRSP), Epidemiology, Nutrition, Pathology, Pharmacology, Physiology & Biotechnology. Each track has specific course requirements. For more information contact the College Program Advisor, [Dr. Chris Moravec](#) or the University Program Advisor, [Dr. William Merrick](#).

MD/MBA Master of Business Administration

There is a growing need for physicians with business skills to manage organizations such as corporate practices, hospitals, etc. Those who complete this 5-year program will be able to apply learned management principles and take leadership roles as they navigate through varying and increasingly complex healthcare environments. For more information about the MBA requirements, visit the [Weatherhead School of Management website](#), call 216.368.3450, or email casemed-admissions@case.edu.

MD/MA Master of Anthropology

This 4-year dual degree program is an organized course of study for students with a range of medical anthropological interests, from ethnomedicine to international health, urban health, psychiatric anthropology, psychological anthropology, cross-cultural aging, human adaptation and disease, nutritional anthropology, etc. The program is designed for students who wish to pursue anthropology beyond the baccalaureate level and to become acquainted with professional work in anthropology and to meet the challenges of our increasingly globalized world. For more information about the MA requirements, visit the [Department of Anthropology website](#), call 216.368.2264, or email the Department Administrator, [Linda Rinella](#).

Revised 7/1/2021

Evaluation of Student Performance

Students must satisfactorily complete all components of the educational program to be eligible for promotion and graduation. In keeping with the goal of a balanced and coherent educational program, the Case Western Reserve University School of Medicine seeks to identify potential academic problems early and to provide interventions as necessary to assist all students in meeting academic standards.

Examination Policy

Foundations of Medicine and Health Summative Synthesis Essay Questions (SSEQs) are administered in proctored classrooms, and answers are expected to represent each student's own work. All National Board of Medical Examiners (NBME) Tests are administered following NBME guidelines. Students are required to sign an Examinee Acknowledgement Form (See Appendix I) before the first examination is administered. All students must take the examinations in the assigned facility on the scheduled examination date and time. Students who are not able to take a Foundations of Medicine and Health Curriculum examination at the scheduled date and time because of illness or emergency must contact their Society Dean before the examination. When an acute illness or other emergency arises less than 24 hours before an examination, students should contact their Society Dean to report the situation. When deemed appropriate, the student will be granted official approval to defer the examination, and personnel will be notified.

Disabilities and Accommodations

The School makes accommodations available to those students who, because of a documented disability, require accommodations. Students who seek accommodations must follow procedures outlined in the Technical Standards. More information is available on the [Disability Resources website](#).

Foundations of Medicine and Health Curriculum

Student assessment in the WR₂ Curriculum is designed to accomplish three goals: 1) drive the types of learning and inquiry that are goals for the WR₂ Curriculum; 2) ascertain whether students attain the level of mastery set as a goal for graduates of Case Western Reserve University School of Medicine; and 3) prepare students for medical licensure. These three goals are accomplished through multiple assessment methods.

Student performance is assessed by a variety of methods with special emphasis on scientific reasoning, comprehension, and problem solving (e.g., synthesis essay questions, multiple-choice, laboratory practical). Performance of each component within the Block is designated as "Meets" or "Does Not Meet Criteria." Students who do not meet criteria are identified to their Society Deans and the Block Leader (see the Remediation of Foundations of Medicine and Health Curriculum section). Information concerning examination performance and class rankings is not part of the student's permanent record. However, examination scores are recorded for students participating in the Medical Scientist Training Program. The following assessments are used in the Foundations of Medicine and Health:

1. **Assessment of students' participation in weekly Case Inquiry (IQ) groups** by faculty facilitators, based upon observable behavior and focused on contributions to the group content, skills at critical appraisal of resources, and professional behaviors.
2. **Synthesis Essay Questions (SEQs).** Weekly, formative, open-book synthesis essay questions are assigned in which students are given a brief written clinical problem and are asked to describe its occurrence and explain its scientific foundations. Throughout a teaching block, students are expected to study the content of both weekly SEQs, but they are required to submit only one of two SEQs at the end of each week. They then compare their answers to an ideal answer. Students are expected to construct answers in their own words independently. The practice of "copy and paste"

verbatim from various online sources defeats the purpose of the SEQ assignment, results in lost learning opportunity, and wastes IQ faculty time, and is thus discouraged.

3. **Summative Synthesis Essay Questions (SSEQs)** are designed to measure medical knowledge at specific points in the curriculum. SSEQs are closed-book assessments with no more than 5 scenarios that, collectively, take approximately 4 hours to complete. SSEQs are based on the synthesis essay questions (SEQs) that students completed in an open-book fashion throughout the block. In the final week of the block, SSEQs present concepts from previous exercises in new contexts and require a more sophisticated level of concept integration. These summative assessments are scheduled at the end of each large teaching module (every 3-4 months) and are graded by faculty who are content specialists.
4. **Structure Practical Exercises.** These assessments generally occur in the final week of blocks 1-6 and integrate anatomy, histopathology, and radiology through clinical scenarios and questions that ask for anatomic localization and histopathologic identification. Students are required to demonstrate mastery in gross anatomy and histopathology separately, i.e., poor performance in one area does not compensate for high performance in the other.
5. **Self-Assessment Multiple Choice Questions (MCQs).** Students may use these MCQs throughout the block as study aids and self-assessment.
6. **Cumulative Achievement Tests (CAT).** At the end of Blocks 2-5, students complete a secure formative MCQ achievement test, based on content covered in the current teaching block as well as on content from previous block(s). These exams are designed using test question resources available through the National Board of Medical Examiners (NBME). Tests become progressively longer by 20 questions throughout the Foundations of Medicine and Health. These formative tests enable students to gain perspective on their overall progress and preparedness for the USMLE Step 1.
7. **Student progress in Foundations of Clinical Medicine** is measured by small group facilitator assessment in the Tuesday Seminar course, direct observation, and preceptor(s)' evaluation of clinical skills and patient-based activities, required FCM assignments, and OSCE examinations.
8. **Professional Learning Plan.** The Professional Learning Plan is created by students to teach them how to use the continuous quality improvement model to improve their academic performance. In the first 20 months of the medical school curriculum, students meet in medium-sized groups to work on their PLP with other members of their Society. The first meeting, starting in Block 2, is held at mid-block. Students complete an on-line structured plan in which they identify an area of focus for improvement, usually drawn from feedback they have received, and come up with a plan for remediation. When they attend the mid-block meeting, they share this plan with their colleagues. This vetting process allows students to hone their plan. Students then have the remainder of the block to carry it out. The week following the end of the block, the students come together again in a group to share their evidence for completion of their PLP. These meetings allow students to share best practices with one another on how best to master the material of medical school.

Required Assessment Tools to Measure Achievement of Learning Goals in WR2

During the Block <i>Purpose: Ongoing Self-check of Learning</i>	End of the Block <i>Purpose: Cumulative Achievement & Pass-Fail Determination</i>	End of the Block <i>Purpose: Ongoing Self-check of Learning Retention and Board Preparation</i>	End of Blocks 4, 6, & in 4th Year <i>Purpose: Mastery of 9 Competencies for Promotion and Graduation</i>
Learning Objectives	IQ Group Facilitator Assessment	Cumulative Achievement Test	Learning Portfolio
Weekly Multiple Choice Questions (MCQs)	Summative Synthesis Essay Questions (SSEQs)		

Weekly Synthesis Essay Questions (SEQs)	Structure Practical Exercise		
Peer Feedback	Foundations of Clinical Medicine Assessment		
Mid-Block PLP meeting	Clinical Immersion Exercise		
	Professional Learning Plan		

Foundations of Clinical Medicine (FCM) encompasses the pre-clinical curriculum. The guiding principle is that early exposure to patients, with direct observation by experienced faculty physicians, is optimal for both professional development of students as doctors and for assessment of clinical skills. FCM has four interrelated components: clinical skills training (Physical Diagnosis 1-3), patient-based experiences (LCSP), the Tuesday Seminar course, and Communication Workshops.

Students are evaluated formatively throughout the year on each aspect of FCM. Summative evaluations are employed as well and include preceptor evaluations, peer reviews, and objective structured clinical examinations. At the end of each block of the Foundations of Medicine and Health Curriculum, students receive a designation of “Meets Expectations” or “Does Not Meet Expectations” for FCM. These designations are approached in a manner consistent with assessment in Foundations of Medicine and Health.

Summative ePortfolios

The WR₂ curriculum is a competency-based curriculum with **9 Core Competencies and 25 Educational Program Objectives** that students are expected to have achieved upon graduation from the School of Medicine.

Competencies – The knowledge, skills and behaviors a student must demonstrate to meet the performance standards for an MD degree from CWRU. The Competencies and Educational Program Objectives may be found on the [Western Reserve2 Curriculum website](#).

Achievement of competencies is demonstrated in a variety of ways; some by written exam performance, others through narrative essays accompanied by supporting **evidence** in a **portfolio**.

Summative ePortfolio: Narrative essays are written by students with accompanying evidence and shared with faculty reviewers for purposes of *assessment*. These essays are accompanied by supporting evidence to demonstrate how a student is progressing with respect to meeting the milestones aligned to the **Educational Program Objectives** of the CWRU SOM curriculum.

Students submit Summative ePortfolio essays at 3 points of time during the WR₂ curriculum: at the end of Year 1, at the end of Year 2 (as they enter their clinical or research years), and after core clerkship rotations.

Students submit an essay on each assigned competency. Each essay must:

- Discuss each **milestone** for the competency for that time-point.
- Include reflection on **strengths** and **areas for improvement**.
- **Provide evidence**, wherever possible, to support the discussion.
- Develop a plan for personal improvement and further growth related to each milestone.

The essays are reviewed by faculty reviewers using the following criteria:

- Have all milestones for the competency been addressed?
- Has the student met each milestone based on the essays and evidence?
- Is the essay balanced, i.e., includes areas of strength and areas for improvement?
- Is the essay consistent with the evidence?
- Is this a thoughtful, insightful essay?
- Is the essay organized and information communicated clearly and convincingly?
- Are the plans for personal improvement and further growth clear and insightful?

Reviewers provide feedback/comments and one of three possible ratings for each essay: Meets Expectations, Meets Expectations with Targeted Areas for Improvement, or Does Not Meet Expectations. A rating of "Does Not Meet Expectations" for any essay will result in an overall rating of "Does Not Meet" expectations. Students are provided an opportunity to revise any essays that do not meet expectations, working with their Society Dean, faculty and administrative support staff, as appropriate. Successful completion of each of the 3 portfolios, i.e., achieving the designation of "Meets Expectations," is a requirement for the MD degree from the School of Medicine.

Core Clinical Rotations

CWRU University Program Core Clerkship Grading Criteria

Students in Core Clerkships will receive a grade of Honors, Commendable, Satisfactory, or Unsatisfactory based on performance on two components: (1) Clinical Performance and (2) NBME subject examination performance.

Clinical Performance

A. Dimensions of clinical performance that are assessed: Patient Care, Knowledge for Practice, Interpersonal and Communication Skills, Professionalism, Teamwork and Interprofessional Collaboration, Research and Scholarship, and Reflective Practice. Student performance is observed and assessed by attending physicians, fellows, and residents in the inpatient and ambulatory settings. Clinical performance is assessed as "Outstanding", "Above expectations", "Meets expectations", or "Substantial Room for Improvement".

B. Additional clinical requirements

Completing and logging the identified core clinical conditions as part of the clerkship is a requirement for completing the clerkship. Students who have not completed this requirement will receive a grade of "Incomplete" until this requirement is satisfied.

Some clerkships may have additional clinical requirements that must be met to pass the clerkship. These are described during orientation.

Attendance and participation in the Friday afternoon seminar series is required.

Remediation

Students who do not meet (DNM) expectations in either the clinical performance or shelf exam requirement must successfully remediate that requirement.

Shelf Exam Policy for the Core Clerkships

Students must pass the shelf exam in order to pass the clerkship.

1. If a student DNM on the shelf exam (and is ineligible to receive Honors for the clerkship), they must retake the exam at a time that is set by the Director of Assessment and the Society Deans. The Clerkship is listed as Incomplete pending this retake.
2. If a student DNM on the shelf exam a second time, the grade will remain incomplete and a referral will be made to the Committee on Students in consultation with the Society Deans. The Clerkship Directors in the discipline involved will make a recommendation to the Committee on next steps for the student.

Approved by the Committee on Student Assessment in February, 2011

Amended in July, 2011

Amended in July, 2012

Amended in July, 2014

Amended in July, 2015

Student Affairs, Revised August 24, 2015

Student Affairs, Revised September 12, 2016

Clinical Skills Examination

An eight-station Clinical Skills Exam (CSE) is administered to students in the 3rd/4th year of the curriculum. This examination has several aims:

- 1) to assess 3rd/4th year students' skills of history-taking, physical examination, doctor-patient communication, on-the-fly clinical reasoning, the distillation of a differential diagnosis in ranked likelihood, as well as the documentation of this important analysis and synthesis of medical thinking.
- 2) to allow early detection and intervention with students who have not achieved an acceptable level of proficiency in their clinical skills
- 3) to identify strengths and areas that needs greater emphasis in the clinical curriculum.

This is the primary way for the school to certify that each student is prepared for the next step of their career- internship and residency.

The Standardized Patients (SPs) assess students' skills in taking a focused history, performing a physical examination, and communicating with the patient. Students write a patient note that allows assessment of their abilities to write a coherent patient note as well as their ability to formulate a reasonable differential diagnosis and to identify a plan to further narrow the differential diagnosis. Students are given 15 minutes to complete each patient encounter and 10 minutes for the note. Total exam time per student is about 4-hours.

CSE3 Expected Behaviors

Horizontal and vertical sharing of CSE3 content damages learning and the integrity of our assessment process.

The Clinical Skills Exam during 3rd/4th year is an important milestone for each of our students. As a graduation requirement, it allows us to assess the key doctoring skills of each student, assuring that each student is prepared for the next step of internship.

The skills assessed are history taking, physical exam skills, on-the-fly clinical reasoning, the distillation of a differential diagnosis in ranked likelihood, as well as the documentation of this important analysis and synthesis of medical thinking.

It is important that each student get the experience of an undifferentiated patient for each case, so as not to alter their clinical reasoning and hypothesis testing processes.

The CSE3 is scheduled over many months to get every student through the eight stations. It is critically important that the information of each case is kept strictly confidential. It is not to be shared in any way among individuals. It is expected that each student keep all details of the eight stations to themselves so as not to compromise this milestone for their classmates.

Students will be reminded of these expected behaviors through attestations during the CSE3 testing process.

Approved by Student Assessment Committee 6.24.2021

Research and Scholarship

Medical students identify a research mentor for their research block. A written research proposal must be approved by their research mentor and Assistant Dean for Medical Student Research and submitted six (6) weeks before the start of the research block. Requirements for the mandatory research block include submitting their research dates, submitting their research proposal, two progress reports (one due after each 8-week block of research), and the MD thesis and completing the 4th year survey. The schedule should be submitted to the Office of Medical Student Research. All of the other requirements are due online at the student's ePortfolio MyResearch site by the designated deadline given at this site. The MD Thesis should be written as a scientific paper appropriate for the field. The MD Thesis is due on February 28 of the 4th year. A complete description of the requirements can be found at the website for the [Office of Medical Student Research](#). The student MD Thesis is reviewed by a faculty panel. A complete rubric can be found on the Office of Medical Student Research website.

Electives

Year 1 and 2 Electives (not required)

First and Second year electives are mini-courses, sponsored by CWRU faculty and students, that occur in the first and second year of the M.D. program. There is a wide variation in course format. Instructors are encouraged to provide narrative comments on student performance that may be used as excerpts in the Medical Student Performance Evaluation (MSPE). First- and Second- year electives are not required to meet graduation requirements and should be scheduled so as not to interfere with Foundations of Medicine and Health or Foundations of Clinical Medicine activities.

First- and Second-year electives fall within two categories. The first category includes courses that are valuable enrichment opportunities, but they are not acknowledged on the transcript. The second category includes courses that meet the [Electives Policy](#) criteria and will be acknowledged on the transcript as a zero-credit elective.

[More Information](#)

Year 3 and 4 Clinical Electives (required)

The Clinical Elective program provides opportunities for students to pursue electives in areas of personal interest. A description of the elective offerings and expectations for student performance is available in the [Elective Catalogs](#) provided by the Registrar. Student performance is evaluated as honors, commendable, satisfactory, unsatisfactory, and achieved or exceeds competencies. An incomplete designation must be rectified. Instructors are encouraged to provide narrative comments on student performance.

Drop Policy: Students must secure their Society Dean's permission in order to drop an elective. No drops are permitted less than 30 days before the start of an elective rotation unless approval has been granted from the rotation leader or designee. See: [Drop/Add Policies \(Registrar's Office\)](#).

Promotion Guidelines

Academic Expectations for the Foundations of Medicine and Health (FMH)

Students must achieve passing marks in all components of the Foundations of Medicine and Health curriculum. If a student does not meet expectations in any block, remediation is required.

Students are required to remediate all basic science subject committees in order to emphasize:

- Mastery of basic science concepts.
- Early identification of failure to master basic science material.
- Personal responsibility in the remediation process.
- Standardized remediation strategy for all basic science subject material.

The Committee on Students approves all student promotions and approves students for graduation.

Remediation

WR₂ Remediation in Foundations of Medicine and Health

The Following components make up the end of block ratings (note that some components will not be represented in some blocks):

1. SSEQs
2. Structure Practical Exercise
3. Cumulative Achievement Test
4. Final Case Inquiry Faculty Assessment
5. Medium Group Faculty Assessment
6. Foundations of Clinical Medicine
7. Clinical Immersion Exercise / Field Experiences
8. Professional Learning Plan / Society Dean Advising Meeting

Definition and consequences of end-of-block ratings:

Achieves or Exceeds competencies; overall satisfactory achievement of criteria: the student has met expectations for all components of the block.

Does Not Meet criteria: 3 possibilities

1. **Targeted remediation required** - Students will receive this rating if they do not meet criteria for any of the following:
 - Structure Practical Exercise (Gross Anatomy / Radiology and Histopathology)
 - Final Case Inquiry Faculty Assessment
 - Medium Group Faculty Assessment
 - Foundations of Clinical Medicine
 - Clinical Immersion / Field Experiences
 - Professional Learning Plan / Society Dean Advising Meeting

Students are required to meet with their Society Dean to discuss the process of remediating targeted component(s). For an overview of the targeted remediation process, please see the Targeted Remediation Process document.

Deadlines: Targeted remediation for Blocks 1-4 must be completed prior to the start of Block 5.

Targeted remediation for blocks 5 and 6 must be completed before the student can continue with any curricular activities beyond the Foundations of Medicine and Health at the end of Block 6. Note that the Structure Practical Exercise is a component of each of blocks 1-6. Exceptions to this timing must be approved by the student's Society Dean and the Director of Student Assessment and Program Evaluation.

2. **SSEQ remediation** - Students who do not meet criteria for the SSEQ examination are required to remediate. All students are required to pass a parallel form of the assessment designed by block faculty.
Deadlines: Block 1 *SSEQ remediation* must be completed by the end of winter break of the same academic year. *SSEQ remediation* for Blocks 2-4 must be completed prior to the start of Block 5. *SSEQ remediation* for Blocks 5 and 6 must be completed before the student can continue with any curricular activities beyond the Foundations of Medicine and Health at the end of Block 6. Exceptions to this timing must be approved by the student's Society Dean and the Director of Assessment and Evaluation.
3. **Incomplete** - Student is unable to achieve the objectives of the block due to illness or emergency. Students will work with their Society Dean and corresponding block faculty/staff to develop a suitable schedule for fulfilling block requirements.

Remediation Policy revised 7/28/16

Referral to Committee on Students (COS):

A student record will be provided to COS if identified ("Does Not Meet" expectations) in the same assessment component or competency twice throughout Foundations of Medicine and Health (SSEQ, Structure, IQ, professionalism, etc.), or if a student is identified in 3 or more different assessment components. After the review, COS may request to see the student at a subsequent meeting.

For complete COS policies see the Committee on Students section in the Student Handbook.

Approved by Student Assessment Committee 07/28/16

Approved by the Committee on Medical Education 07/28/16

Grade Appeal Policy

1. A student wishing to appeal the grade¹ received in a particular block, clerkship, or AI rotation should first attempt to resolve the matter by meeting with the block, clerkship, or AI rotation director(s). The request for a meeting should occur within 10 business days of release of the student's grade to the student.
2. If the student has attempted resolution via the block, clerkship, or AI rotation director(s) without success and would like to pursue the matter further, the student may file a formal written appeal² with the Co-Chairs of the Student Assessment Committee who will gather the facts and work to resolve the matter. The appeal must be made within 25 business days of release of the student's grade to the student, and must follow the format below. The Co-Chairs of the Student Assessment Committee (or designees) shall investigate the matter and make a decision to sustain the appeal or deny the appeal.
3. If the student is not satisfied with the resolution after following the above processes, then the student may appeal the decision. The student should forward the formal written appeal to the Vice Dean for Medical Education of the School of Medicine (or designee) within 10 business days from the time the decision was conveyed to the student. The Vice Dean will consider the student's arguments and may either dismiss the appeal or appoint an appeal panel.

Witnesses may be called at the discretion of the chair of the appeal panel. No legal counsel is permitted in the appeal hearing. However, a student may request that a faculty member or another student be present in the capacity of an advisor to provide the student advice but may not represent the student or directly question or cross-examine witnesses. A family member may not serve in this

role. The appeal panel will make a recommendation to the Vice Dean. The Vice Dean will make a decision to sustain or deny the appeal.

4. If, after being notified of the decision, the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the Dean of the School of Medicine within 10 business days and may only appeal on the basis of procedural issues. This step exhausts the student's appeal options and the Dean's determination is final.

¹ Note that this policy applies to University Program students since grades are not assigned to students in the College Program.

² To file an appeal, submit a Word document to SOMgradeappeal@case.edu containing the information listed below. If you do not receive email confirmation of receipt of the appeal within a week, please resubmit.

Your name:

The block, clerkship, or AI rotation:

Site (if applicable):

Date that you completed it:

Grade received:

Grade you believe you earned:

Your attempts to resolve the matter with the block, clerkship, or AI rotation director:

Justification and rationale for this assertion:

Grade Appeal Policy approved by CME 10/27/16

Professionalism

WR2 Conscientious Behaviors/Professionalism and the Professionalism Working Group

Medical professionalism incorporates three essential characteristics: expert knowledge, self-regulation, and fiduciary responsibility to place the needs of the patient ahead of the physician's self-interest. The basis for the conscientious behavior curriculum is to offer students a supportive environment in which to learn the skills of medical professionalism. We describe the procedures in our curriculum to identify and help students with this competency focusing on a learning orientation rather than performance orientation.

At the end of each Block, the Conscientious Behavior Team (CBT) will review all lapses in conscientious behaviors as part of the final Block assessment (e.g., failure to complete assignments, evaluations, or assessments by the due date; lack of responsiveness to email requests pertaining to the curriculum; attendance and or tardiness at required activities). The following steps are taken when the CBT identifies a lapse in a student's performance during a Block:

1. 1st lapse: CBT will send an email to the student regarding the specifics, with a copy to the student's Society Dean. The student will be asked to acknowledge receipt of the email, explain what happened regarding the lapse in a reply email, and schedule to meet with his/her Society Dean to discuss this.
2. 2nd lapse: The student is assigned an "Incomplete" for the Block, referred to the Professionalism Working Group (PWG), and the student's Society Dean is notified. PWG will assign the student to a coach who will work with the student to identify the behaviors surrounding the lapse and help the student develop steps to correct them. [The Society Dean will address issues of life stressors, health, illness or disability as part of the advising relationship. The Society Dean will ensure that the

- student receives support from Educational Support Services, Tutoring/Consult Tables, UHS/UCS, and Disability Services.] Coaching will commence as soon as possible and continue for a time typically not to exceed 3 months. The coach may give the student an assignment or ask for a reflection and may follow-up for a defined time to determine that the student is on track. If an assignment or reflection is part of coaching, it will be forwarded to PWG, and PWG will determine if the assignment/reflection meets criteria. Upon meeting criteria, the "Incomplete" will be changed to "Meets". If the assignment does not meet criteria, the student will be given an opportunity to revise and resubmit. If after the second request, criteria are not met, the student's grade will be changed to "DNM" whereupon PWG will review progress and recommend next steps.
3. 3rd lapse: If coaching is still in progress, a grade of "Incomplete" may be assigned. If the student has completed coaching and this is another lapse, the student receives a "DNM" with referral to PWG and notification of his/her Society Dean.
 - a. The Society Dean will ensure that the student has support from Educational Support Services, Tutoring/Consult Tables, UHS/UCS, and Disability Services.
 - b. PWG will discuss the situation and decide to provide more intense coaching or to refer the student to the Committee on Students (COS).

In addition to identification of professionalism issues during the academic blocks, students may be referred to PWG for the following reasons:

1. For identified deficiencies in interpersonal and communication skills.
2. For identification through an Early Concern Form* which is one part of a larger longitudinal professional behaviors and relationships curriculum. When an Early Concerns Form is filed, PWG discusses the issues (with the student de-identified) and identifies a plan to support the student in meeting professional standards in a constructive framework.
3. Through referral by the Committee on Students. When a student is presented to COS as a result of a lapse in Professionalism, COS may refer the student to PWG for evaluation and development of an improvement plan and tracking the outcomes.

PWG supports students in their professional development towards becoming a physician and develops an individualized plan for coaching the students. The procedures to address lapses in conscientious behaviors are described above. Some lapses in professionalism may result in immediate referral to COS and consideration for dismissal, such as dishonesty, cheating, falsifying patient information, to name just a few examples.

Early Praise

Students are expected to adhere to high standards of professional behaviors throughout their medical school education. For times when a student's actions go above and beyond expectations of professional behavior, an Early Praise Reporting Form may be submitted by anyone in the School of Medicine community. The purpose of this reporting form is to identify students and recognize them for their extraordinary effort. Early Praise Forms are reviewed by PWG and disclosed to the student through the student's Society Dean. The Early Praise may be included as evidence in the student's ePortfolio. The identity of the individual filing the early praise form is confidential and is not disclosed at any time.

Early Concern

We take a quality improvement approach to professional behaviors – students are learning professional behaviors and how to maintain them under stressful conditions in the profession of medicine. We have included an Early Concern component to the curriculum so that concerns – small or big - can be identified at early stages and assistance provided. This component builds upon similar programs at other medical schools and upon recommendations by focus groups of CWRU SOM students. Professional relationships and behaviors and their lapses can occur across a broad range of interactions and venues – with peers, with faculty, with staff; in class, in offices, in hospitals, in clinics, in personal interactions, etc.

§ [Early Concern Reporting Form](#)

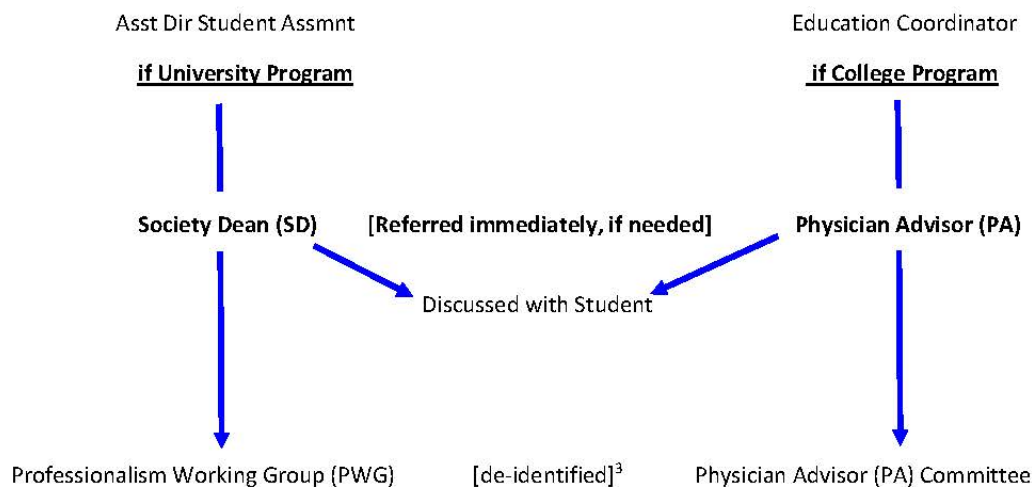
§ [Early Praise Reporting Form](#)

Revised 10/19/18



Early Concern Flow Diagram¹

Form Submitted; receipt acknowledged²



Possible actions:

1. No further action required
2. Recorded in student's working file
3. Assigned to a PWG member for remediation
3. Referred to Student Affairs Dean
4. Referred to COS
4. Referred by Student Affairs Dean to MSPRC or Behavioral Health Committee

[Refer to Student Handbook for COS – MSPRC possible actions]

¹ The Early Concerns form provides opportunity to document, evaluate and act upon professional behavior concerns in a supportive and constructive framework.

² The identity of the person filing the early concerns form is not disclosed to anyone beyond acknowledgment of receipt.

³ At this point, for the PA and PWG committees, the identity of the student about whom the early concern was filed is not revealed.

Approved by CME on March 24, 2016

Social Media Policy

As emerging healthcare professionals, standards and expectations surrounding your communication have changed. The words that you use reflect on yourself, your classmates, your school, and your profession. Abuse of social media is a leading cause of disciplinary action in residency training. As future residents, we emphasize the need for students to develop the habits of healthcare professionals to avoid future challenges.

Social networking sites (including but not limited to Facebook, Twitter, YouTube, GroupMe, Instagram, Snap Chat, Reddit, and Student Doctor Network) are used by students to communicate with each other and external audiences. Given the immediate and wide dissemination as well as the permanency of published material on the web and our professional goals of protecting the privacy and security of our patients, the medical school, our classmates, and our hospitals, CWRU SOM has a strict policy about posting information on social media sites including reposting, liking, and replies.

The following categories are not permitted

1. Any personal health information (PHI) including but not limited to photos, images, text, or video without documented patient consent
2. Confidential personal information of others without consent
3. Comments that reflect racial, ethnic, gender, or sexual orientation bias
4. Activities and behaviors that do not meet the standards of the medical profession and/or the School of Medicine
5. Bullying, slandering, or intimidation
6. Confidential academic and curricular information (e.g., exams, IQ cases, clinical skills scenarios).

Failure to follow this policy is a serious matter and will result in referral to the Professionalism Working Group with consequences that can include disciplinary action including dismissal from the medical school.

*Policy finalized 5/28/2021
Approved by Committee on Medical Education 5/27/2021*

Professional Attire in Clinical Settings

These guidelines outline the standards of professional attire for medical students in a clinical setting at the Case Western Reserve University School of Medicine. Students should follow these guidelines in all settings where real or standardized patients are present.

Medical students are expected to be groomed and dressed in a manner that presents a neat and professional appearance to patients. Maintaining personal hygiene and wearing appropriate attire help to establish rapport with patients, demonstrate respect, and are important to good patient care.

Guidelines for professional dress code include:

- Clothing should allow for an appropriate range of movement and should not be flashy or draw attention.
- White Coats should be well maintained: ironed and free from stains.
- Collared shirts (with or without neckties), professional tops, or blouses should be worn and should avoid low-cut necklines. Tank tops, T-shirts, or sweatshirts are not appropriate. The midriff should not be exposed.
- Pants, slacks, khakis, skirts, or dresses are appropriate. Do not wear jeans or shorts.
- Dress shoes, low heels, or flats should be worn. Avoid open-toed shoes, flip-flops, tennis shoes, or porous shoes per OSHA standards.
- Fingernails should be short-trimmed; obscuring nail color should be avoided.
- Clothing should not have rips, tears or frayed edges.
- Moderation in jewelry, cosmetics, and other accessories is encouraged. Fragrances or perfumes should not be worn.

Information about institutional policies of major affiliates will be provided prior to starting curricular activities at those sites.

MSPE: Medical Student Performance Evaluation

All graduating medical students are provided a Medical Student Performance Evaluation (MSPE) letter. This is a letter of evaluation, not recommendation. It is written and compiled in a transparent collaborative process between the student and their Society Dean. The MSPE has several parts:

1. **Noteworthy Characteristics** – This section describes the student's honors, awards, leadership, and volunteerism activities. It is written collaboratively by the Society Dean and the student.
2. **Academic History** – This section lists the date of matriculation, graduation, dual degree programs and any repeated courses and adverse actions taken by the school.
3. **Preclinical Curriculum** – The first and second years of medical school are graded pass/fail. Since only students who pass are eligible for an MSPE, this paragraph simply states these facts.
4. **Dual Degree Programs or Pathway Programs (if applicable)** – This section describes any additional degree(s) earned or Pathway programs completed by the student while in medical school.
5. **Clinical Clerkships & Electives** – The third- and fourth-year curriculum is graded Honors, Commendable, Satisfactory, or Unsatisfactory, or in some cases, AE (Achieves or Exceeds Competencies). This section contains a paragraph for each clinical discipline that lists the grade and summative comments supplied by the course director.
6. **Research** – This section describes the student's research endeavors, including the four-month research block. It is written collaboratively by the student and Society Dean.
7. **Summary** – This is a brief concluding paragraph written by the Society Dean.
8. **Appendix** – These pages describe the curriculum at the CWRU School of Medicine.

A student may request to work with a Society Dean other than their own to prepare the MSPE. Such a request should be made in writing to the Society Dean whom the student has chosen to prepare the MSPE. Please note that changing the Society Dean who helps prepare the MSPE does not change the formal Society Dean assignment for other advising and monitoring purposes. If a student wishes to change their Society Dean assignment, they must request a formal change from the Vice Dean for Medical Education.

Adverse actions taken by the school may appear on a student's MSPE. A committee composed of three Society Deans (excluding the student's dean) and the chairperson of the Committee on Students will meet to determine if the action should appear in the letter. They will also craft the language that will appear in the MSPE.

The Medical Student Performance Evaluation (MSPE) must be reviewed by the student within the Office of Student Affairs at the Case Western Reserve University School of Medicine, under the supervision of a staff member. If a student wishes to contest an entry in their MSPE, the student must make a request in writing to the Vice Dean for Medical Education.

(See also: [Medical Student Performance Evaluation Preparation](#))

Revised 7/1/2021

USMLE Requirements

USMLE Step 1

USMLE Step 1 assesses whether students understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

Visit the [United States Medical Licensing Examination](https://www.usmle.org/) website for more details.

All students in the University Program must take the USMLE Step 1 by December 31st in the calendar year that they complete Year 2. Successful passage of USMLE Step 1 is required for graduation.

Students who do not pass USMLE Step 1 on the **1st attempt** will:

- Meet with Society Dean
- Will finish the current block of curricular activity (e.g., research* or clinical core)
- Will retake the exam (attempt number 2)
- May restart the curriculum while awaiting a score

Students who fail USMLE Step 1 on the **2nd attempt** will:

- Meet with Society Dean and the Committee on Students
- Will finish the current block of curricular activity (e.g., research* or clinical core)
- Will retake the exam (**attempt number 3**)
- Will **NOT** restart the curriculum until a passing score has been achieved

Students who fail USMLE Step 1 on the 3rd attempt will:

- Meet with Committee on Students with a formal recommendation for dismissal

* If a student is participating in a Research Block, they must proceed with exam study after the block is completed.

Revised 10/22/2018

USMLE Requirements

USMLE Step 2 CK

USMLE Step 2 Clinical Knowledge (CK) assesses whether students can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under their supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

Students are required to take the USMLE Step 2 CK by December 31st of their final academic year.

USMLE Step 2 CK Policy:

- Successful passage of USMLE Step 2 CK is required to receive the MD Degree
- Students have three attempts, within six years of passing USMLE Step 1, to pass USMLE Step 2 CK. Consistent with NBME policy, a 4th attempt at either part may be granted by the Committee on Students.

USMLE Step 2 CS was officially discontinued by the Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME) on January 26, 2021. It is no longer a graduation requirement at CWRU School of Medicine.

Revised 7/1/2021

Committee on Students

Committee on Students Charge

The Committee on Students (COS) is a standing committee of the Faculty of Medicine charged with the responsibility of reviewing the total performance of all students in the School of Medicine. By approval of this charge, the Faculty of Medicine delegates to the COS the authority for decisions on student standing and student promotions. The COS will recommend to the Faculty of Medicine candidates for the award of the degree of doctor of medicine. A summary of the actions of the COS will be reported to the faculty annually.

Because of significant differences in the curriculum and assessment of the Cleveland Clinic Lerner College of Medicine (CCLCM), the Committee on Students delegates to its subcommittee, the Medical Student Performance Review Committee (MSPRC), the review of Case Western Reserve University students enrolled in the CCLCM. Each year, the MSPRC will provide the COS with a report of its recommendations for promotion and remediation. In the case of recommendations for dismissal or repetition of a year, the Chair of the MSPRC will present that case and recommendation to the COS at the next scheduled COS meeting, rather than waiting for the annual report. The COS will be responsible for either approving or not approving the recommendations of the MSPRC. If the COS does not approve a decision of the MSPRC, the COS will direct the MSPRC to take an alternative action.

Mandate

The COS will review, as indicated, a given student's total performance. This will include not only the usual indices, such as formal grades and evaluations, but also the professional attitudes and behavior manifested by the student. Medical school education entails the mastery of didactic, theoretical, and technical matters as well as the demonstration of appropriate professional and interpersonal behavior, sensitivity, sense of responsibility, and ethics and the ability to comport oneself suitably with patients, colleagues, and coworkers. The COS acts on behalf of the Faculty of Medicine in disciplinary matters involving medical students and upholds the [Student Code of Conduct](#) as described in the Case Western Reserve University Undergraduate Student Handbook.

Meetings and Attendance

The COS will meet at regular intervals according to a schedule set by the chair at the beginning of each school year. Special meetings may be called by the chair. The presence of a simple majority of voting members will be considered a quorum and official decisions of the COS will require either the affirmative or negative vote of a simple majority of the total voting membership. Appointment of a member may be terminated by the chair if the member misses more than two of the scheduled meetings during an academic year.

The chair will be responsible for composing an agenda and arranging for its delivery to all members prior to the meetings. The chair will preside and the secretary will be responsible for recording the minutes. Minutes of the immediately prior meeting will be distributed at each meeting and approval and/or revision will be the first order of business. Presentation of specific information concerning the performance of a student will be the responsibility of the deans of student affairs.

Reasonable efforts will be made to contact students whose individual performance is to be reviewed so that the individual may have the opportunity to present pertinent information. All members, voting and non-voting, may participate in discussions. All proceedings of the COS are strictly confidential and should not be discussed by members with non-members. All communications concerning actions of the COS will come through the dean of student affairs or the dean's designate. Members are expected to consider carefully whether or not their personal relationship with a student might impair their objectivity such that they should absent themselves from any discussion or vote. Actions of the COS will be transmitted to the student by letter from a dean of student affairs within three business days of the decision.

Hearings

Students have the right to request reconsideration of decisions made by the COS, including those recommended by the MSPRC.

Notice to request a hearing must be presented in writing to the Senior Associate Dean of Students or Associate Dean of Student Affairs (University Program) or the Associate Dean for Student Affairs (College Program) within ten days of the student's receipt of the initial decision. The formal written request should be supplemented by a statement of the student's reason(s) for requesting an appeal and faculty who can provide pertinent information in support of the reconsideration. If approved, the appeal will be scheduled for the next regular meeting of the COS. The student is expected to be available to address the COS and respond to questions at the reconsideration hearing. The student has the right to have a faculty advocate appear with them before the COS. No other advisor or advocate, other than the CWRU faculty member designated by the student, is permitted to accompany the student to the hearing. The advocate may not be a family member. The student and advocate are not present during the discussions and vote to either sustain or alter the original decision. The Chair, the student's Society Dean, the Senior Associate Dean or the Associate Dean of Student Affairs will communicate the COS's decision to the student in writing within 3 business days after the hearing.

Appeals

Appeals may be made concerning the decision following the hearing process to the dean of the School of Medicine on the basis of the use of inappropriate procedures. The dean may then request that the committee reconsider the case and relate the reasons for the request. The committee will then reconsider the case and either sustain or alter the original action.

Membership

The COS is a standing committee of at least nine voting members, including a chairperson who is appointed in accordance with the bylaws of the Faculty of Medicine. Nine members will be elected by the Faculty of Medicine from among its membership; the dean of the School of Medicine will have the prerogative of appointing up to four additional voting members if deemed advisable. At least four members will be from the preclinical departments and at least five from the clinical departments. In addition, a dean's designate will serve *ex officio* with vote. The following will serve as *ex officio* members without vote: the deans of Student Affairs; the chair of the Committee on Medical Education, the Vice Dean for Medical Education; the Associate Dean of Curriculum, the Assistant Dean for Basic Science, the Assistant Dean for Clinical

Education, and the chair of the MSPRC or his/her designee; and the Registrar of the School of Medicine, who will serve as secretary. The COS may invite others to its meetings.

The term of office of the elected members is five years. Elections will be staggered so that at least one member will be replaced or re-elected each year. An elected member resigning during a term of office shall be replaced by appointment made by the chair of the Faculty Council; an appointed member resigning during a term of office shall be replaced by appointment made by the dean or the dean's designee.

Approved by vote of the Faculty Council November 16, 2015

Revised 10/22/18

Committee on Students

Function

The Committee on Students conducts detailed reviews of the total performance of any student referred to it. The COS also makes decisions regarding promotion and graduation, including reviewing the needs for alternative schedules. Review of student performance within the curriculum may include scores from examinations and performance in the clinical clerkships, as well as professional attitudes and behavior and compliance with the university's [Student Code of Conduct](#). The [Student Code of Conduct Process Flowchart](#) is described in the Undergraduate Student Handbook.

Students may be referred to the Committee on Students in several ways:

1. Poor performance in any of the School's competencies (see: Curriculum)
2. Early concerns submission, if deemed appropriate by the Professionalism Working Group
3. Concern of violation of any of the University's Standards of Conduct
4. Need for scheduling accommodations that would extend medical school (excluding graduate study) beyond 5 years

If a student is referred to the COS, the Society Dean shall inform the student in writing in advance of the meeting. The referral letter will inform the student of the issue(s) to be addressed by the Committee and the possible range of sanctions. The student shall be advised in writing that any information they want to submit should be submitted in writing to the Committee before its meeting.

At the meeting, the Committee will review the student's complete academic record and any information provided by the Society Dean and student. The Committee shall have the discretion to hear from the student at any point in the review process, and to question the student on any matter relevant to the student's academic performance, Student Code of Conduct violations, professional behavior or attitudes. The Committee also has the discretion to consider and review any other evidence, including any documents or testimony from witnesses. Formal rules of evidence are inapplicable to the Committee's meetings. The Committee has the discretion to determine whether the student may be present and/or participate in the meeting, but the student does not have such a right. The review process is done in order to determine the best course of action for each individual student. This Committee is responsible for all determinations of promotion and graduation, repetition of a portion of the curriculum, and any sanctions including dismissal from the School. The Committee's decision on a student need not be unanimous, but is by majority vote. Actions from the Committee on Students are noted in the student's permanent record as well as the Society Dean's working file and in some cases may appear on the Medical Student Performance Evaluation and official transcript of the School. The Society Dean shall notify the student in writing within three business days of the Committee's decision and actions taken.

Appeals Process

Students have the right to request an appeal hearing for reconsideration of a decision made by the Committee on Students concerning themselves. Notice to request a hearing must be presented in writing to the Society Dean within ten business days of the Committee's initial decision for transmittal to the Committee on Students. The formal written request should be supplemented by a statement of the student's reason(s) for requesting an appeal and faculty who can provide pertinent information in support of the reconsideration. If the request for appeal is approved, the appeal hearing will be scheduled for the next

regular meeting of the COS. At the reconsideration hearing, the student is expected to be available to address the Committee and respond to questions. The student has the right to have a faculty advocate appear before the Committee. The faculty advocate may not be a family member nor a Society Dean. No other advisor or advocate, other than the CWRU faculty member designated by the student, is permitted to accompany the student to the Committee hearing. The student and advocate are not present during Committee discussion and vote. The Committee may choose to either sustain or alter the original decision. The Society Dean or their designee shall notify the student in writing within three business days of the Committee's decision regarding the appeal.

A student may make one further appeal to the Dean of the School of Medicine only on the basis of the use of inappropriate procedures. Any appeal to the Dean must be made in writing, including the basis for the appeal, and submitted to the Office of the Dean no later than ten business days from the Committee on Students' decision. If not received by the Dean's Office within that time, the right to an appeal is forfeited. If the Dean finds the student's appeal to have merit, the Dean may then request that the Committee reconsider the case and relate the reasons for the request. The Committee will then reconsider the case and either sustain or alter the original action. The Society Dean shall notify the student in writing of the Committee's decision in any matter where the Dean has asked for reconsideration. The Dean may, but is not required to, personally meet with the student. The Dean has the discretion to review the record before the Committee and, where the Dean deems it appropriate, consider any other evidence relevant to the student.

FERPA

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their permanent records; students *"have the right to request that a school correct records which they believe to be inaccurate or misleading"* or a violation of their right of privacy. The student may schedule a meeting with his or her Society Dean to request that the record be amended. If the student's request is denied, the student may appeal the decision to the Senior Associate Dean for Students or the Vice Dean for Medical Education for a hearing. The Senior Associate Dean will conduct a hearing and will make a final decision concerning whether the record should be amended. If the decision is made to not amend the records, the student has the right to place in the student's record a written statement contesting information and/or giving reason for disagreement with the decision to not amend the record.

University Sanctions

The medical school, through the Office of the Vice Dean for Medical Education and the Office of Student Affairs, reserves the right to suspend any student (through Interim Separation) whose behavior indicates that his or her continued presence on campus or at academic/clinical sites constitutes a danger or disruptive force to the normal functions of the institution, the sites, to property, to others, or to the student him/herself. The process for this separation involves the following steps:

1. To the extent reasonably appropriate, the student will be notified in writing of the interim suspension and the reasons for the action.
2. To the extent reasonably appropriate, the student will be provided with a preliminary meeting with the Vice Dean for Medical Education, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, and the Chair of the COS (either in person or via teleconference).
3. The student may be required to have a psychological evaluation, the results of which may be used in the hearing.

4. The formal meeting with the COS will follow the procedure outlined under the normal disciplinary process.

Approved by vote of the Faculty Council November 16, 2015

Revised 11/30/16

Policies Regarding Program Completion

Graduation Requirements

Students who receive the MD degree from the Case Western Reserve University School of Medicine will:

1. Satisfactorily complete all educational program objectives of the School of Medicine curriculum
2. Pass the USMLE Step 1 and USMLE Step 2 CK
3. Pass the School of Medicine Clinical Skills Exam (CSE)*
4. Satisfactorily complete the MD Thesis
5. Meet financial obligations to the University
6. Be approved to graduate by the Committee on Students

** CSE requirement updated by CME on 10/23/2014*

Participation and Attendance Policy

Introduction

At CWRU School of Medicine, students are considered junior colleagues. Here, student professionalism is valued equally as highly as mastery of the basic sciences and clinical skills; therefore, participation and attendance in WR2 are fundamental to meeting these professional and curricular responsibilities.

When the SOM confers the MD degree, the faculty is attesting not only that the student has achieved a level of competency as measured by performance on tests, but that the student has shown a commitment to professional responsibility and has also participated in the entire educational experience that is defined by the curriculum, the LCME, and the state of Ohio.

Attendance is required in all instances where students collaborate or patients are involved. When students collaborate in the process of learning, the quality of what goes on depends on the contributions and interactions among the participants. Failure to attend and collaborate harms the knowledge exchange for the individual student and the group. Because the group setting involves putting one's thoughts into words to teach others, students can advance their learning in a group setting in ways that are not possible when studying independently.

Attendance at patient-based activities is required out of respect for the individuals that allow us to learn from their lives. In all instances, students must be on time and well prepared.

Foundations of Medicine and Health (Pre-Clerkship Curriculum)

On time attendance is required at:

- Classes and venues that require student collaboration
 - IQ groups
 - FCM Seminars
 - Team Based Learning sessions/Medium Sized Groups
 - Anatomy Sessions with cadavers and GARLA sessions
 - Musculoskeletal week
 - IPE activities
 - Procedures workshops
 - Other activities as indicated in Canvas

- Classes and other venues involving patient participation
CPCP
Physical Diagnosis
Communication Workshops
Medical Interviewing Sessions
Clinical Immersion - Attendance is required at all sessions during the week

Consequences: Failure to attend or repeated tardiness is a failure of professionalism

The Office of Curricular Affairs tracks attendance and tardiness for required learning experiences.

Attendance

- Students who have any unapproved absences will receive a designation of **"Does Not Meet"** for that activity of the Block. A student who receives a "Does Not Meet" designation in any activity of a block will receive an overall Block decision of **Does not Meet Expectations**.
- A student who "Does Not Meet Expectations" in any block meets with his/her Society Dean and with a coach from the Professionalism Working Group who will work with the student to develop a remediation plan that may include subsequent meetings around professionalism, required research, writing, and reflection on professionalism and development of an educational contract. Upon successful completion of the remediation plan, the student's grade will convert to **"Meets Expectations"**.
- A pattern of professionalism lapses can result in referral to the Committee on Students.

Tardiness

- Repeated instances of tardiness are considered a professionalism lapse and may result in assignment of **"Does Not Meet Expectations"** for a block and referral to the Professionalism Working Group for coaching.

*Approved by WR2 Curriculum Committee 6/21/2018;
Approved by Committee on Medical Education 7/26/2018*

Collaborative Practice I Attendance

Collaborative Practice I (CP I) sessions are cancelled when students from most or all of the programs are away, including major holidays. Attendance is mandatory for all other scheduled learning sessions in order to maintain momentum and progress on the team project. We recognize that program-specific requirements (such as block examinations or breaks outside the university calendar) may rarely necessitate that students from a program miss a required Collaborative Practice I session. Therefore, this attendance policy was developed to address these situations while ensuring equity among the students regarding their participation in CP I.

1. **CP I Session Absence:** Each student may be absent from two (2) required sessions each semester (fall/spring), and an absence from CP I for any planned reason requires the utilization of a CP I absence. To use a CP I absence, the student should notify the team and the CP I staff (see below) of the date of the absence in advance. The team as a whole should work together to coordinate team member absences such that the team is able to meaningfully participate in TBL session, progress on the project continues in a timely and effective manner, and the team's commitments to their community site are honored. Students can miss a class (TBL session) or community-based project session. If they miss a class (TBL) session, they should complete the

preparation materials, but they are not expected to take the individual and team readiness assurance tests.

2. **Absences due to illness or other unexpected circumstances:** Typically, excused absence from a class session (other than the discretionary absences described above) will be granted only in situations that are beyond the student's control (for example, student illness, a death in the family). Students should follow their school's/program's protocol for documentation of an absence (for example, provision of documentation from a healthcare provider).

Reporting Absences: When a student is absent for any reason, it is the student's responsibility to contact:

- The other members of their team to notify them of the absence
- Laura Huffman, Program Manager for the Collaborative Practice I
- Melissa Mick, Program Manager for Community-Based Experiences.

Life events

The medical school acknowledges that unpredictable events affecting attendance can and do occur. When these situations (such as medical emergencies, important changes in life circumstances, parenting issues, etc.) arise, the faculty will work with the student to find a solution. As soon as a student becomes aware of a situation that might affect fulfilling course obligations and attendance requirements, or influence the course of study, it is the responsibility of the student to consult promptly with their Society Dean.

Religious Practices

The CWRU SOM policy on religious observations follows that of the University which states that any student in an educational institution who is unable, because of their religious beliefs, to attend classes or to participate in any examination, study or work requirement on a particular day shall be excused from any such examination, study or work requirement. The student shall be provided with an opportunity to make up such examination, study or work requirement that they may have missed because of such absence on any particular day, provided that such makeup examination or work does not create an unreasonable burden upon the school. The school expects students to use careful discretion in judging the importance of a particular observance. It is the responsibility of the student to inform their Society Dean in advance as to whether or not she will be absent due to a particular religious observance.

Vacations

Student vacations are limited to the periods specified by the official academic calendar.

Student Managed Flex Days

The attendance and participation policy respects individual student needs for some flexibility in scheduling academic and personal responsibilities. All students therefore have flex days that they may request at their discretion. If there is a need for flexibility beyond the flex days, students can work with their Society Deans to find solutions that address their individual circumstances.

Students have the opportunity for up to **3 flex days** in year 1 [Blocks 1-4] and **2 flex days** in year 2 [Blocks 5-6]. Examples of flex day absences include weddings, family occasions, social obligations, summer job interview, family illness, child's school conference, etc. Students need not provide a reason for requesting a flex day. Flex days do not carry over from year 1 to year 2.

Flex days may not coincide with the final IQ week of a block, clinical immersion, examination days, or be utilized immediately preceding or following vacations (“bookending”).

Requesting Flex Days and Other Absences

There are important limitations to requesting flex days: 1) flex day absences will not be granted to “bookend” any official school vacations or holidays (including 3-day weekends), during clinical immersions, on examination days, or during the final IQ week of a block; 2) the curriculum contains several categories of unique small group sessions that are part of Block 8 and not feasible to recreate (clinical preceptorships, simulation sessions, communications workshops, physical diagnosis sessions, procedures workshops, etc.). Because these required sessions are so difficult to recreate, it is likely that students will not be able to miss these sessions. Where possible, student requests to reschedule may be supported, with advance communications that include all parties. Otherwise, such sessions are not eligible for “excused” or “flex day” absences.

Absences other than flex days must be approved by the Society Deans to be considered excused. Some examples of other approved absences include personal illness, personal or family emergency, religious observance, or presenting at a conference. These absences will generally not be approved during clinical immersion week, on examination days, or to “bookend” any official school vacations or holidays.

**** Out of respect, the student should discuss their planned absence with all faculty and students involved once approval for a flex day or other absence is received. ****

Amended 10/1/2020 by CWRU WR2 Committee

Procedure for Submitting a Request for Flex Days and Other Absences

A student who needs to miss scheduled/required activities must request approval **at least THREE working days in advance. The request must be made by submitting an Absence Request Form, available in WR2 Essentials section of Foundation of Medicine and Health course in Canvas.**

- Requests for **flex days** can be made by completing an Absence Request Form and submitting it for approval at least three working days in advance. In the event that a student unexpectedly would like to request a flex day, he/she should submit the request immediately and email som-attendance@case.edu to ask to be considered for a delayed approval.

Procedure for Submitting a Request for Excused Absences (non-Flex Day)

- Requests for an absence other than flex a day must be approved by the student’s Society Dean. The student can complete an Absence Request Form prior to the date or up to two weeks after the absence. The student may wish to discuss the request with their Society Dean. The request will be sent electronically to the student’s Society Dean for approval.
- **Unexpected illness and other personal or family emergencies** will be handled in a different time frame, but with the same process, i.e. **requests for approval of absences due to illness and other personal or family emergencies must be made using the Absence Request form and choosing the Request for Approved Absence option on the form, even if the submission is made after the affected sessions have occurred.**

Please note that individual faculty leaders for any Foundations of Medicine and Health (Blocks 1-8) activity are not authorized to approve absences.

Policy for Clinical Rotations

Attendance and punctuality during all aspects of clinical rotations are expected and considered an important part of a student's evaluation. **Unless the absence in question is entirely unanticipated (death or serious illness in the family), students should enter their requests at least 30 days before the proposed absence. This policy applies to all clinical rotations (Cores, Acting Internships, and Electives).**

Students must discuss their absences with the appropriate people before submitting the form (see guidelines below). This policy applies to all clinical rotations (Core Clerkships, Acting Internships, and Electives). The **Absence Request Form for Clinical Rotations** and the **Instruction Sheet** are available in the Canvas course, "SOM Y3 Essential Information", under SOM Clerkship Policies.

Note, flex days do not apply to clinical rotations – all absences must be requested in advance.

Limited absence that can be approved by the Clerkship/Elective Director:

- Limited to 3 days per Core or 4-week elective, and 1-2 days per 2-week elective; and
- Involve clear-cut reasons such as meeting presentation, major events involving close family (weddings, etc.)
- Missed curricular content (such as case conference, simulation, etc.) would need to be made up at the discretion of the director
- Absence that affects the Friday afternoon curriculum needs to be approved by the appropriate course directors for either the College or the University Program. *Please note that all of these Friday absences must be approved separately from any conversation with the clerkship director.*

Absence that would require discussion with the Clerkship/Elective Director, Assistant Dean for Clinical Education, and Society Dean/Physician Advisor:

- Repeated absence in one Core, Acting Internship or Elective for any reason or absence greater than three days, or 1-2 days in the case of 2-week electives.
- In the event that any leave beyond 3 days is approved, both the content and time of this additional leave would need to be made up in a fashion acceptable to the rotation or elective leadership.

Sciences and Art of Medicine Integrated Attendance Policy

Attendance at all Sciences and Art of Medicine Integrated (SAMI) sessions in their entirety is mandatory. Unapproved absences will result in referral to the Professionalism Working Group.

Absences may be approved for the following reasons according to the following procedures:

- **FLEX Day:** Students are permitted to take one SAMI FLEX day to miss a session during the SAMI program that is scheduled on Friday afternoons during cores 1, 2, 3, and 4. Note that this means a single SAMI FLEX day for the entire third year SAMI program. Also note that permission to miss clerkship activities does **NOT** cover SAMI. Requests for use of SAMI FLEX days must be entered in the SAMI Canvas course under "Easel".

The FLEX day is to be used at the discretion of the student with the following stipulations:

The FLEX day ...

- may not be used on a SAMI black-out date as indicated on the SAMI schedule available in the learning management system.
- applies only to a Friday on which SAMI is scheduled. Other Friday afternoon absences will be handled by the student's clerkship director.
- does not apply to absence from a clerkship. All absences involving clerkship duties must be arranged through the clerkships and follow clerkship attendance guidelines.

- absence request must be submitted 14 days in advance of the scheduled SAMI day absence.
 - applies to missing all or part of a SAMI session.
- **Illness:** Absence requests must be entered by going to the SAMI Canvas course and clicking on "Easel" as soon as possible but not more than 48 hours following the missed session. Repeated requests for absence due to illness will be referred to the society dean for approval. Missed curricular content (such as reflective writing, clinical skills activities, etc.) may need to be made up at the discretion of the SAMI directors.
- **Presentations at Conferences:** Students may request to be absent from SAMI for attendance at regional, national and international conferences if they are presenting. Students should describe in the attendance site in "Easel" the details about the meeting and their role in the conference. Missed curricular content (such as reflective writing, clinical skills activities, etc.) may need to be made up at the discretion of the SAMI directors. Students who request a second absence for a presentation will be required to use their FLEX day.

Guidelines for an Extension or Leave of Absence

Requests for an Extension:

Students may choose to extend medical school beyond four years. In consultation with their Society Dean, they must submit a written proposal/request for extension or leave form that is available from the registrar. These extensions fall into three categories or a combination:

1. Extension for Research: research and up to three clinical electives at CWRU, may pursue more at other institutions
2. Extension for Academic Enrichment: remediation or additional academic work (up to three electives at CWRU, may pursue more at other institutions)
3. Extension for Health Reasons: time spent focusing on personal or family health issues

While on an Extension, a student is fully enrolled at the School of Medicine.

- The student is eligible for student health insurance
- The student is covered under the University medical malpractice liability insurance
- The student is responsible for the financial aid ramifications

A student may request an extension by meeting with their Society Dean, crafting a proposal for the additional time, and submitting a Request for Extension/Leave of Absence form to the Registrar.

An additional year may be requested in a written proposal to the Committee on Students. The section on Tuition explains the financial ramifications.

The MD degree must be awarded within six (6) calendar years of first matriculation, except for those students in the Medical Scientist Training Program (MSTP).

Requests for a Leave of Absence:

A leave of absence must be approved by the student's Society Dean (University Program) or the Associate Dean for Admissions and Student Affairs (College Program). Students can encounter a variety of circumstances that can lead to a leave of absence. Students can submit a request for leave of absence in writing to their Society Dean for approval.

Students returning after a leave of absence for elective reasons will pay tuition at the level of the class they join as outlined in the Tuition Policy. Students on any kind of leave of absence are responsible for clearing all their financial obligations (loans, health insurance, computer, other) through the Office of Financial Aid.

Students on a leave of absence who have not completed one full semester should note that during the leave of absence they are:

- Not eligible for the University sponsored student medical plan,
- Not covered under the University medical malpractice liability insurance,
- Responsible for arranging for any applicable loan repayment grace period.

All students on a leave of absence must notify their Society Dean of their intent to re-enter school by the April 1 preceding the academic year of re-entry.

The MD degree must be awarded within six (6) calendar years of first matriculation, except for those students in the Medical Scientist Training Program (MSTP).

Special Services and Accommodations

Students with documented disabilities may be eligible for special services and accommodations. To initiate the process, a written request for accommodations should be submitted to [Disability Services](#). Further information on how to proceed appears in the School of Medicine Technical Standards.

Medical Professional Liability

It is the policy of the School of Medicine that medical students can diagnose or treat a patient only under the supervision and control of a licensed clinical faculty member. If in doubt, students must ask the faculty member for clarification.

The School of Medicine endeavors to select students carefully, to evaluate students thoroughly, and to provide adequate supervision in the clinical setting. Clinical faculty members must supervise and evaluate students appropriately. It is the right and obligation of a faculty member to define and, if appropriate, curtail an individual student's activities consonant with the student's abilities and trainee status.

All students must wear their identification badges that clearly designate their student status and are to be introduced to patients as trainees. However, the trainee status of a medical student does not allow delivery of substandard care.

All medical students, upon becoming aware of any alleged injury, incident, claim or suit involving themselves must notify the Office of Student Affairs in the School of Medicine immediately. Failure to do so may jeopardize any insurance coverage otherwise available.

Students are provided liability coverage when engaged in patient care as part of their educational program and when supervised by a licensed clinical faculty member. Such coverage extends only while officially registered as students and not during vacations, leaves of absence, or other periods of non-student status. Coverage does not extend to activities undertaken outside of the educational program. Any questions concerning liability issues involving patients should be directed to the Office of Student Affairs.

Revised 3/2/2017

Satisfactory Academic Progress

Federal regulations (General Provision CFR 668.34) require that students at Case Western Reserve University maintain Satisfactory Academic Progress to retain eligibility for federal and institutional aid consideration. The academic requirements for the MD degree include the satisfactory completion of the MD curriculum at Case Western Reserve University School of Medicine (this includes the 4-year University Program and 5-year College Program). The progress of each student working toward the MD degree is monitored carefully, and the determination of satisfactory academic progress is reviewed every semester. At the end of each academic year, students must have an academic standing consistent with Case Western Reserve University School of Medicine's curricular and graduation requirements.

Federal law and regulations require that all students receiving financial assistance maintain satisfactory academic progress. Satisfactory Academic Progress (SAP) is the successful completion of degree requirements according to established increments that lead to awarding the degree within published time limits. The following policy delineates the standards for Satisfactory Academic Progress at Case Western Reserve University School of Medicine, which applies to all matriculated students, whether or not they are recipients of financial aid.

Qualitative Measures of SAP

Each student at Case Western Reserve University School Of Medicine is required to successfully complete all of the medicine schools required courses, clerkships, examinations and a scholarly project in order to graduate with the MD degree. Case Western Reserve University School Of Medicine does not measure academic progress by means of a cumulative grade point average but rather with grades Satisfactory or Unsatisfactory for the University Program and AE (Achieved or Exceeds Competencies) for the College Program in Years 1 and 2, and in all non-clinical electives, and with grades of Honors, Commendable, Satisfactory, Unsatisfactory or AE (Achieved or Exceeds Competencies) in clinical courses in Years 3, 4 and 5 for the College Program. Specifically, all courses in Year 1 must be completed with a grade of Satisfactory or Achieved/Exceeds Competencies for progression to Year 2. All courses in Year 2 must be completed with a grade of Satisfactory or Achieved/Exceeds Competencies for progression to the third-year basic core clinical clerkship curriculum. All students are required to complete the basic core clerkship with a minimum overall core grade of Satisfactory or Achieved/Exceeds Competencies and grades of Satisfactory or higher in all core clerkships and if applicable, elective experiences or approved activities, to progress to the final graduating year of the MD program. In the final year, students must complete all courses, clerkships and approved activities with a minimum grade of Satisfactory to meet graduation requirements (although the completion of all courses, clerkships or approved activities within a minimum grade of Satisfactory is not sufficient in and of itself to meet graduation requirements).

Maximum Time Frame

The normal time frame for completion of required coursework for the MD degree is four academic years for the University Program and five years for the College Program. Due to academic or personal difficulties or scholarly enrichment activities, a student may require additional time. In such situations, an academic plan may be established for the student that departs from the norm and that may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave). To be making satisfactory academic progress, students ordinarily must complete the first two years of the curriculum by the end of the third year after initial enrollment in the University Program and College Program; the remaining requirements of the curriculum ordinarily must be completed by the end of the fifth year after initial enrollment for the University Program and sixth year for the College Program. Requests for exceptions are subject to review by the Committee on Students (COS; see below) and Medical Student Promotion and Review Committee for the College Program (MSPRC). The maximum time permitted for completion of the MD degree is six years. A student is eligible for institutional financial aid for a maximum of five years of enrollment for the University Program and six years for the College Program, excluding time spent on approved leave of absence.

SAP and Leaves of Absence

A student may be granted a personal or medical leave of absence for a variety of reasons. The period of leave for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete the program. However, under no circumstances will a student be allowed to take more than 10 years from the time of matriculation to complete the requirements for the MD degree, including leaves of absence. More information concerning leaves of absence can be found in the Student Handbook.

Review and Notification of Lack of Satisfactory Academic Progress

During the annual review of a student's SAP by the Case Western Reserve University School Of Medicine Registrar and Society Dean/CAML Director/Assessment Manager (Medical Student Promotions and Review Committee for the College Program), the progression to the next academic year is based upon a review of all grades, including withdrawals, incompletes and unsatisfactory grades. Any student who has not achieved a minimum of a satisfactory grade in all core courses/clerkships cannot progress to the next year.

The Case Western Reserve University School Of Medicine COS/Society Dean/School Of Medicine Registrar/School Of Medicine Financial Aid Officer in consultation with the Vice Dean for Medical Education for the University Program and the MSPRC/Dean of Admissions and Student Affairs/Physician Advisor/School Of Medicine Registrar/Financial Aid Officer for the College Program, will notify annually, in writing, all students who have not met the standards for Satisfactory Academic Progress outlined above (Qualitative Measures and/or Maximum Time Frame). The notification will indicate the nature of the deficiency, any methods that may be available for correcting the deficiency, and any consequences that have resulted or may result, such as: A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending the results of the appeal process outlined below.

Appeals

Eligibility for continued financial aid will only be re-established if the student subsequently meets Satisfactory Academic Progress requirements, or if the student successfully appeals the decision to the COS and MSPRC for the College Program. The appeal must state the reasons for failing to meet SAP requirements, including, if applicable, special circumstances that contributed to the student's failure to make satisfactory academic progress (e.g., the death of a relative, injury or illness of the student, or other special circumstances), and the changes in circumstances that will allow the student to demonstrate Satisfactory Academic Progress at the next evaluation.

The assistance of the student's Academic Society Dean may be sought in the preparation of appeal; for the College Program, assistance of the student's Physician Advisor and Dean of Admission and Student Affairs may be sought in the preparation of appeal. A student may also be required to submit a course plan and/or letter from the Academic Society Dean (University Program) or Admissions and Student Affairs Dean (College Program). All relevant materials will be presented to the COS (University Program) and MSPRC (College Program). If the COS or MSPRC determines that the student's appeal should be approved, the student's aid will be reinstated.

Financial Aid Probation

Once an appeal has been approved, a student is placed on financial aid probation and is eligible for financial aid. The Academic Society Dean in conjunction with the student and the Registrar (University Program) as well as the Physician Advisor and Admissions and the Student Affairs Dean with the student (College Program) will develop an academic plan for the student that will ensure, if followed, that the student is able to meet Case Western Reserve University's School Of Medicine's SAP standards by a specific point of time. Ordinarily, this time frame will be for an academic year. The student is eligible for financial aid during the time frame stated in the academic plan. At the end of the time frame stated in the academic plan, the student must have met the SAP standards. A student who does not comply with each SAP standard by the end of the financial aid probationary period is suspended from financial aid eligibility. A student shall be reinstated for financial aid eligibility when he/she has satisfactorily completed sufficient coursework to meet the standards of progress within the maximum time frames delineated above.

Note: A student who has lost eligibility for financial aid due to deficiencies in satisfactory academic progress cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met.

Withdrawal

Students who are withdrawn from Case Western Reserve University's School Of Medicine are not making satisfactory academic progress and are not eligible to receive financial aid.

Enforcement

The Offices of the Registrar and Financial Aid, the Academic Societies (Physician Advisor and Admissions and Student Affairs Dean) and the Committee on Students (University Program); MSPRC (College Program) collaboratively shall have the responsibility for monitoring and enforcing Satisfactory Academic Progress. The Case Western Reserve University School Of Medicine Registrar will notify the Committee on Students of any students who are not making satisfactory academic progress. The Academic Society Dean (University Program) and Physician Advisor (College Program) will determine whether academic sanctions are warranted and will inform the student thus. The Admissions and Student Affairs Dean for the College Program may refer the student to the MSPRC or Student Behavioral Committee. The Financial Aid Office will inform any student whose financial aid has been impacted.

Tuition, Records, Health, and Safety

Tuition Policy

CWRU faculty and staff work diligently to provide courses during the academic year in modalities that will enable all students to continue to move toward completing their degree and achieving their academic goals. Regardless of the learning environment, tuition and fees will be the same. The tuition and fees are in exchange for learning, academic credit, and certain non-academic services that will be provided whether in person, in a hybrid environment, or entirely remotely, and tuition and fee amounts will remain the same in the event the mode of course delivery changes during the semester.

For Medical Students in the University Program (exclusive of MSTP and other MD/PhD programs)

Students enrolled in the MD program or specified dual degree programs within the SOM (e.g., MD/MPH, MD/MA Bioethics, MD/MS) will be assessed four consecutive years of annual tuition or eight semesters, beginning with Year 1, as a requirement of graduation. There are instances when students can be required or may elect to take a fifth year:

Research and/or Academic Enrichment (additional graduate coursework)

1. Students matriculating **before Fall 2013** who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in lieu of tuition during the fifth year.
2. Students matriculating **in Fall 2013** or later who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay 25% of the then-current MD tuition rate during the fifth year.
3. Students who elect to extend their MD program by a fifth year to complete a research project or who participate in academic enrichment will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in the fifth and final year.
4. Students enrolled in a dual degree program outside the School of Medicine (e.g., Dental Medicine, Law, Management) will have different tuition requirements based on the specified program. The semesters in which students are required to take a leave of absence from the medical school in order to complete program requirements in another school will not be assessed a Continuation Fee or medical school tuition.

Remediation

Students who must repeat Years 1 and/or 2 for academic reasons will be assessed four consecutive years of full tuition and will pay 50% of the then-current tuition for each additional year. Students who must repeat any year for any other reason (e.g., Disciplinary) must pay full tuition for the additional year and for all subsequent years until graduation at the then-current rate.

Tuition Refunds

Students who have withdrawn (or been dismissed) from the curriculum will receive tuition refund in accordance with Case Western Reserve University policy:

<https://www.case.edu/registrar/dates/withdraw/>

Other

Tuition adjustments related to personal or health issues for the student or their spouse/domestic partner will be determined on a case-by-case basis.

* The Continuation Fee is 5% of the then-current annual MD tuition and maintains a full-time student enrollment status, malpractice insurance coverage and eligibility for health insurance. Tuition rates subject to annual review by the Office of the Dean.

Effective July 1, 2013

FERPA and Student Records

FERPA Policy

The Family Educational Rights and Privacy Act of 1974 (FERPA) contains several provisions that are important to students and helps provide guidance for situations that can occur so that access student academic records are only available to individuals that are permitted to review the student academic record. For more information about FERPA, access to files, release of personally identifiable records, directory information and transcripts, please see the University wide policy available at the University Registrar's website at: <https://case.edu/registrar/general/ferpa/policy>.

Medical Student Records

In the transition to a paperless environment, paper records are no longer kept starting July 1, 2017 (Class of 2021). Paper records older than five years old are kept only at University Archives while electronic records are maintained by the School of Medicine Registrar located at the Samson Pavilion, Room 413E. The contents of a medical student's educational file (see below), whether paper or electronic, are maintained securely by the School of Medicine Registrar located at the Samson Pavilion, Room 413E. The School of Medicine Registrar's Office does not directly release directory information without consent from the medical student.

In addition to the University Record Retention Policy and Record Schedules for record keeping and retention at University Archives, the School of Medicine Registrar also follows the *AAMC Guidelines for Maintaining Active and Permanent Records* which is available publicly from the website of the American Association of Medical Colleges (AAMC).

In addition to the Associate Dean of Student Affairs and the School of Medicine Registrar, the Vice Dean of Medical Education and the Dean of the School of Medicine are institution officials who are also authorized to examine or review student academic records without the medical student's consent. Other institution officials must also contact the School of Medicine officials to request a review of the medical student file without the student's consent if the request supports a legitimate educational interest.

Contents:

1. AMCAS Application (all contents of the application, except for letters of recommendation).
2. Secondary (CWRU) Application.
3. Official letter of acceptance.
4. Transcripts (all coursework prior to entrance to M.D. program).
5. Official transcript of medical school coursework.

6. Dates of enrollment in medical school (matriculation date, start and end dates of each academic year, dates of leaves of absence, withdrawal, dismissal and/or graduation date).
7. USMLE Examination scores, USMLE ID number, exam date and notation of pass/fail.
8. Student's final course performance evaluations. Medical Student Performance Evaluation (MSPE, formerly known as Dean's letter), including appendices.
9. Documentation of grade changes.
10. Documentation of grade appeals.
11. Change of status forms and letters related to leave of absence, extended academic schedule, academic remediation, name change, etc., as well as documentation of dismissal or withdrawal.
12. Final disposition of disciplinary action records (with or without sanctions).
13. Documents signed by the student, such as those related to Health Insurance Portability and Accountability (HIPAA) compliance, universal precautions training, BLS training, MSPE release waiver, and any other documentation in specific areas.
14. Institutional technical standard forms for admission and graduation.
15. Personal identification such as the student's photograph and the student's signature.
16. Copy of medical school diploma.
17. Criminal background checks conducted during period of matriculation.

International student documentation pertaining to their student visa status is maintained by the Office of International Student Services.

Updated 7/16/2020

Criminal Background Checks

The Case Western Reserve University School of Medicine participates in the AMCAS-sponsored criminal background check program for all accepted applicants. Acceptances are deemed contingent pending the results of the background check. A positive response on the background check will not automatically preclude admission, and all positive findings will be reviewed by an ad hoc committee on professionalism who will then make a recommendation to the Admissions Committee. Students are required to notify the Office of Admissions with any changes that may have occurred once the criminal background check is completed.

Matriculated students may undergo additional criminal background checks according to policies of the school and affiliated hospitals. Students should forward a copy of additional background checks to the School of Medicine Office of the Registrar. The School of Medicine Office of the Registrar houses a copy of the background check for all medical students and are valid only for a period of five years. Medical students are responsible for renewing a background check as needed and will be contacted annually by the Medical School Registrar when a background check has expired.

Any newly-discovered background check information may be reviewed by the Committee on Students as part of their ongoing student assessments as detailed in this handbook. All current students are required to notify their Student Affairs dean of any arrest, misdemeanor (other than traffic violations), or felony charge and/or convictions at the time of the occurrence as well as military dishonorable discharges since matriculation.

Please note that results of any of the Criminal Background checks may be shared with any of the affiliated hospitals at their request. Affiliated hospitals will use their discretion as to whether to permit students with positive findings on their criminal background checks to participate in clinical activities.

Individual State Medical Boards will also exercise their discretion as to whether to grant state licenses to applicants with positive findings on their criminal background checks. Successful graduation from the Case Western Reserve University School of Medicine does not guarantee licensure in all states.

OSHA and HIPAA Training

OSHA: An Occupational Safety and Health Administration (OSHA) presentation is provided during first-year Orientation by the CWRU Environmental Health and Safety (EHS) department. The presentation includes Hazard Communication and Biosafety Training. Attendance at the initial in-person training is a requirement. Students who miss the in-person training need to contact EHS to schedule an individual training session. For questions regarding training requirements or to schedule a training session, call the EHS office at 216-368-2907.

CWRU medical students must remain current on all required OSHA trainings; **re-training is required annually** for Hazard Communication and Biosafety Training, but after the first in-person session, the re-training can be completed online. Go to the [EHS website](#) to register for online training modules.

Formaldehyde Training must be completed online by first-year students shortly after orientation and does not require annual re-training.

Medical Students who work in research laboratories must complete Laboratory Standard and Biosafety Training in-person training initially (and annual online re-training) as well as any other training required by the individual research group. (This does not apply to Clinical Laboratories.) Medical school instructors are charged, under the OSHA standards, to provide additional training on the use of personal protective equipment and other methods to mitigate the risks of hazard exposures when students are working in these labs (such as gross anatomy) and other times as appropriate.

HIPAA Training: HIPAA (Health Insurance Portability and Accountability Act) training is provided to students as a part of new student Orientation. The training is valid for the students' first two medical school years only. Rotation coordinators can provide information about hospital-specific HIPAA training to students beginning their clinical years.

Severe Weather Policy

An important component of the education at Case Western Reserve University School of Medicine involves participation in clinical programs, for which responsibilities increase and take on unique characteristics as a result of severe weather conditions. In recognition and support of these activities, the School of Medicine may remain open during severe weather conditions, even under conditions where the University closes. This will apply to students, faculty and staff.

Should the onset of severe weather occur during regular operating hours, the decision may be made by individual departments to allow faculty, staff, or students to leave up to two hours early. Should severe weather conditions adversely affect travel time, individual departments may allow faculty, staff, and students to arrive up to two hours late.

All students, faculty, and staff are encouraged to download the Rave Guardian app, which allows the university to disseminate important information in a timely manner. Go to www.getrave.com to check emergency notification information and preferences.

Building Evacuation Policy

The School of Medicine is an active research center with many potential biochemical and other flammable hazards. A system of alarms has been installed to warn and protect people in the building in the event of a chemical spill or fire. Occasionally, the inherent hazards will result in the sounding of the fire alarms. All students, faculty, and staff are required to exit the building when the fire alarms sound in their area. There are no exceptions to this rule. When fire alarms are sounded, exit the building as quickly as possible, using stairways instead of elevators.

Smoke-Free Campus

Case Western Reserve University became a tobacco-free campus on July 1, 2017. As a university with a strong focus on health, we are excited to join many other colleges and universities as a tobacco-free campus. Use of any product containing tobacco in any form are prohibited on CWRU property (indoors or outdoors). Tobacco products include, but are not limited to, cigarettes (clove, bidis, kreteks, e-cigarettes), cigars and cigarillos, pipes, all forms of smokeless tobacco, and any other smoking devices that use tobacco such as hookahs, and any other existing or future smoking, tobacco or tobacco-related products. The university is committed to providing support to the entire population who wishes to stop using tobacco

products. Staff, faculty and students should refer to www.case.edu/tobaccofree if they need assistance with tobacco cessation.

The full Tobacco-Free Policy and information on cessation programs can be found at <https://case.edu/tobaccofree/>.

Updated 7/1/2021

Drug & Alcohol Policy

Case Western Reserve University has implemented policies related to the use of drugs and alcohol that apply to all students. The full [Alcohol Policy and Guidelines](#) and the [Drug-Free School Notification](#) can be found on the CWRU [Division of Student Affairs](#) policy webpage.

Updated 7/1/2021

Resources for Rules, Regulations, & Policies

Students who enroll in the School of Medicine are subject to all of the rules, regulations and policies of the School of Medicine and of Case Western Reserve University. This Student Handbook is intended to provide a general overview, rather than an exhaustive description of student rights and responsibilities. As such, it contains references to other sources of detailed information. It is the responsibility of each student to become familiar with all appropriate policies of the University and the School of Medicine, which are subject to review and revision.

Other sources of information include:

- [The General Bulletin of the University](#)
- [The Undergraduate Handbook](#)
- The [Policies and Procedures page](#) and other pages on the [SOM Registrar's Office site](#).

For students in the School of Medicine, the Society Deans and other members of the administration monitor the policies and regulations that affect medical students. More information on specific policies and regulations can be obtained through the Office of Student Affairs.

Revised 7/1/2021

Immunization, Infectious & Communicable Disease, and Needle Stick Injury Policies

Immunization Policy

The School of Medicine follows all recommendations from the Centers for Disease Control Advisory Committee on Immunization Practice (CDC ACIP). These are important in protecting students and patients from communicable diseases during their clinical rotations. In order to assure that all students are protected against preventable communicable illness, we encourage students to get these vaccinations done at home, prior to arrival, so their protection will be effective. These requirements must be met **prior to** matriculation.

- Requirements for medical students can be found on the University Health Service website: <https://students.case.edu/wellness/info/newstudents/immunization.html>
- Complete the Vaccination Record Worksheet and upload it to <https://myhealthconnect.case.edu/> OR upload copies of your official immunization record in English to <https://myhealthconnect.case.edu/>
- Complete the additional online forms via <https://myhealthconnect.case.edu/>: Privacy Statement, Medical History,

Students who have not been immunized because of religious beliefs or valid medical reasons must provide documentation certifying that fact **prior to** matriculation. In the event of an outbreak of such diseases, these individuals could be excluded from academic and clinical activities.

NOTE: Tuberculosis screening is done after a student arrives on campus. Additionally, annual influenza immunization is completed each fall.

For more information on required immunizations for medical students and other FAQs, click [HERE](#).

Infectious Diseases Policy

Physicians and medical students have a long and honored tradition of caring with compassion and courage for patients afflicted with infectious diseases. That tradition is highly valued at CWRU, and CWRU students and faculty will continue to uphold it. The School of Medicine provides education in the biological, clinical, and psychosocial aspects of infectious diseases, such as AIDS, tuberculosis, hepatitis, and influenza. Students are taught to use precautions that should avoid or minimize risk. The faculty and affiliated hospitals care for such patients in a competent, ethical, and humane manner. In their educational program students participate in the care of infectious patients and must be aware of the risks stemming from contact with the blood or secretions of such patients. Students are expected to participate with appropriate safeguards in the care of every patient whose care and condition is within the students' current realm of responsibility and competence even though the patient may be infectious. Students are not expected to learn procedures known to present some inherent hazard on patients known to present some unusual risk. Students should

advise their supervisors when the combination of their level of expertise and the disease state of the patient constitute a greatly increased level of risk to themselves or their patients.

Students who themselves have a communicable disease have a responsibility to their patients, peers, staff, and faculty to take all steps to prevent the spread of disease. These individuals must obtain the care of a physician who is qualified to treat the disease or infection and its complications. These individuals must identify themselves as medical students to the physician and explain the extent of their responsibilities for patient care. These individuals should also report their disease state to the Office of Student Affairs. The School of Medicine holds this information in the strictest of confidence but may not allow the student to care for patients when such contact might place patients at risk. It is the responsibility of the students to follow the advice of their physician and the School of Medicine and to follow all current guidelines for health care workers provided by the Centers for Disease Control.

Communicable Disease Policy

Mission of the Communicable Disease Policy

- To assure that patients in a hospital or clinical setting are not at risk when cared for by students infected with Hepatitis B (HBV), the human immunodeficiency virus (HIV), or other communicable diseases.
- To minimize the risk to students of infection with HBV or HIV when placed in a hospital or clinical setting for clerkships.
- To minimize the risk of HIV-infected students developing serious complications from clinical assignments.
- To provide students infected with HBV or HIV with counseling on medical and career options.
- To respect the privacy rights of students and facilitate students' voluntary cooperation by keeping all medical information on students confidential to the extent possible.
- To require self-reporting of HBV or HIV by students to a confidential Review Panel, similar to the self-reporting that is required by law for physicians licensed in the State of Ohio.

Summary of Policy for Hepatitis B, HIV and Other Communicable Diseases

- All medical students must provide documentation verifying that they are protected from acquiring or passing on HBV, in accordance with the procedures set out in Section IIIA, Hepatitis.
- The School of Medicine encourages all students to know their HIV status.
- This communicable disease policy and the self-reporting requirements apply to all students in the Medical School, regardless of year.
- All students must self-report chronic infection with HBV or HIV to the School of Medicine's Communicable Disease Review Panel ("the Review Panel"). This requirement is intended to assure that students' clerkships in a hospital or clinical setting are tailored so as to protect patients from risk when cared for by these students and so that students receive appropriate counseling on medical care and career options. The Review Panel and/or the student will notify the student's attending physician and the hospital(s) or clinic(s) to which the student is assigned of the student's medical condition, so that the clerkship can be adjusted if necessary. The Review Panel considers each case on an individualized basis.
- Medical students who test positive or contract a communicable disease *other than HBV or HIV* that is reportable to the Ohio Department of Health, must report the illness to the University Health Service.

The University Health Service will consult with the student, the student's attending physician, and the hospital(s) or clinic(s) can take steps to minimize the risk of spreading the disease to patients.

Policy and Procedures

Hepatitis B

Requirements for all medical students

All medical students must be protected from acquiring or passing on Hepatitis B (HBV). Medical students can fulfill this requirement by using one of the methods set out below:

1. Receive the series of 3 HBV vaccinations (usually given at birth in the U.S.).
2. Show documentation of immunity with a blood test.

These requirements **MUST** be completed before any student will be permitted to begin any clinical experience involving patient contact.

All documentation shall be submitted to the University Health Service. The University Health Service will keep all medical testing and results confidential to the extent possible. Medical students should be aware that evidence of current infection with HBV is by law reportable to the Department of Health. The University Health Service shall ensure that all laboratory tests are conducted by an accredited laboratory at the lowest possible cost to the student.

Requirements for Students with Previous HBV Infection

For those medical students with previous HBV infection, the following applies:

1. If the student documents a positive Hepatitis B surface antibody test (HBsAb), nothing further needs be done.
2. If a student is a chronic carrier of HBV, each case will be reviewed on an individual basis.
3. A student who tests positive for Hepatitis B surface antigen must have further testing (such as testing for Hepatitis e-antigen and HBV DNA), performed either at the University Health Service or by their treatment physician, to determine the level of infection.
4. If the student is found to be e-antigen positive or otherwise believes or has reason to believe that he or she is infectious, the student must self-report this fact within a week to the Associate Dean for Student Affairs, who is a member of the Review Panel.
5. Medical students who learn that another medical student is infected with HBV shall advise the infected medical student of the duty to report the fact to the Associate Dean for Student Affairs.
6. Students who are chronic carriers may be referred to hepatologists in the community for further evaluation and treatment of this condition.

HIV Policy

1. For protection of patients, to assist infected medical students with obtaining appropriate medical guidance and career counseling, and to minimize serious complications for the infected student, the Medical School encourages all medical students to know their HIV status.
2. HIV screening is available from the University Health Service or at other testing sites in Cleveland.
3. All HIV-related testing is conducted in accordance with Ohio law, and health care consent policies for HIV testing.
4. Medical students who believe or have reason to believe that they are infected with HIV must self-report that fact within twenty-four (24) hours to the Medical School's Communicable

Disease Review Panel ("the Review Panel"). Students should do this by notifying the Associate Dean for Student Affairs, who is a member of the Review Panel. See procedures for governing Review Panel below.

5. Medical students who learn that another medical student is infected with HIV shall advise the infected medical student of the duty to report the fact to the Review Panel.
6. Medical students who believe or have reason to believe that they are infected with HIV should seek immediate medical care. If requested, students who are infected with HIV may be referred to physicians in the community or at the University Health Service for further evaluation and treatment of this condition.

Review Panel Procedures

1. Each medical student infected with HBV or HIV must participate in a confidential review and monitoring process conducted by the Communicable Disease Review Panel. The Review Panel will handle each infected medical student's situation on an individual basis. Through this review process, the Review Panel will tailor the infected student's clinical clerkship program so as to attempt to minimize the risk to patients for whom the student will be caring and minimize the risk of serious complications for the infected student.
2. The Review Panel generally will consist of the Director of the University Health Service, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, the Vice Dean for Medical Education, and other faculty members in health sciences with expertise in infectious disease and/or infection control. The student's treating physician and a representative of the University Attorney's Office will be consulting, but not voting, members of the Review Panel.
3. The Review Panel will conduct a confidential review of the student's condition, the student's clinical schedule, and the possible impact the condition may have on the student's patients and clinical work.
4. In order for the Review Panel to make appropriate recommendations as to the infected student's medical school program, the infected medical student will be asked to identify in writing his or her treating physician, and to notify the Review Panel as to any change in treating physician. The infected student will be asked to authorize release of medical information to the Review Panel and to the hospital(s) or clinic(s) where the student will be performing clerkships or clinical work. The Review Panel will consult with the student's treating physician as part of its review process.
5. The Review Panel will make recommendations on any restrictions that should be placed on the student's clerkships and/or precautions that must be taken during clerkships or other clinical work. Such limitations may include that all third-year rotations be done at a single hospital, that the student perform non-invasive clerkships first before performing invasive clerkships (e.g., surgery and obstetrics and gynecology), or that the student not be permitted to engage in invasive procedures during clerkships such as surgery and obstetrics and gynecology.
6. The Review Panel will, when appropriate, advise the student and make recommendations on appropriate infection control techniques and universal precautions.
7. Before notifying the student of its recommendations, the Review Panel will forward its proposed recommendations to the Dean of the School of Medicine, who may make modifications to those recommendations. As part of this process, the Review Panel may disclose, to the extent necessary, information concerning the student's status and the Panel's

recommendations to the Dean, so that the Dean will have adequate information to review the situation.

8. Following the Dean's approval and/or modifications, the Review Panel will document the restrictions or precautions to be placed on the student and notify the student as to the restrictions or precautions in writing. The Review Panel or its designee will then take steps to assure that these restrictions or precautions are implemented in arranging the student's clerkships or other clinical work.
9. The Review Panel or its designee shall report to the hospital(s) or clinic(s) to which the student is assigned the student's HBV or HIV status and of the Review Panel's recommendations for precautions or restrictions, if applicable. The Review Panel will make this report and submit other documentation as appropriate to the Hospital Epidemiologist or Infection Control Review Panel for the hospital(s) or clinic(s). The hospital's epidemiologist or infection control review panel can then determine precautions or restrictions, if any, that should be implemented during the clerkships. The Review Panel will advise the hospital(s) or clinic(s) on the confidentiality of the information disclosed.
10. The Review Panel may also conduct a review to determine whether any patients treated by the student were at a significant risk of exposure to HBV or HIV.
11. The infected student shall not perform or participate in any invasive or exposure-prone invasive procedures without the approval of the Review Panel through the review process set out above. Medical students with HBV or HIV must adhere to universal precautions when performing any invasive procedure in a clerkship or clinical work.
12. The Review Panel or a designee of the Review Panel (such as the Associate Dean for Student Affairs of the School of Medicine) will meet with the infected student periodically to assure that the student is complying with the restrictions placed on his or her clerkships and program of study, and to discuss any problems the student may be experiencing. Alternatively, the Review Panel may require the student to submit periodic confidential written reports updating the Review Panel on clerkship activities and clinical work and any problems the student may be experiencing. The Review Panel also may consult with the student's treating physician to obtain updated information on the student's condition.

Confidentiality and Career Counseling

1. The Review Panel will, to the extent possible, hold in strict confidence all information in its possession relating to the HBV or HIV status of a medical student. The Review Panel may disclose information relating to a student's HBV or HIV status, to the extent necessary, to the hospital or clinical setting at which the student is performing clerkships in order for the hospital's epidemiologist or infection control review panel to tailor the medical student's clerkships or clinical work. The Review Panel also may disclose, to the extent necessary, such information to the Dean making a final decision under this policy or hearing an appeal filed by a student. The Review Panel also may disclose, to the extent necessary, such information to other administrators or faculty within the medical school in connection with a disciplinary action involving the student's violation of this policy. Medical students should be aware that evidence of infection with HBV or HIV is by law reportable to the Department of Health.
2. When possible, the Review Panel will not discuss the name of the infected student during their review, but instead will discuss the situation anonymously.

3. Medical students should also be aware that the University Health Service may be obligated to inform the Review Panel of a student's HBV or HIV status if the University Health Service believes that the student poses a threat to patients under the particular circumstances of the case.
4. Students may obtain career counseling regarding their HBV or HIV status from the Review Panel, at the University Health Service or at the Medical School, if the student wishes to divulge this information to those offices.

Sanctions for Violation of the Policy

1. If the Medical School learns that a medical student is aware of their infection with HBV or HIV but has failed to report this status to the Review Panel as required above, the medical student may be subject to disciplinary action, up to and including expulsion from the School of Medicine.
2. The Review Panel has the right to require the student to enter into the confidential review and monitoring process as set according to the established policy.
3. If an infected medical student fails to a) follow the restrictions or recommendations of the Review Panel, b) use universal precautions, c) conform to minimal standards of care, or d) otherwise take steps to ensure patient safety, the Review Panel may notify the medical school's Associate Dean for Student Affairs, who may take appropriate disciplinary action, including but not limited to oral or written warning, suspension from clinical exposure and referral to the Committee on Students for disciplinary action.

Tuberculosis (TB) Screening and Testing of CWRU Health Care Personnel (CWRU HCP)

The purpose of this policy is to maintain a safe environment for students, faculty, staff, and patients by reducing the risk of tuberculosis transmission based on current U.S. Centers for Disease Control and Prevention (CDC) Recommendations.

Scope: This policy includes all students, faculty, and staff at CWRU who serve in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These individuals may include, but are not limited to nurses, nursing assistants, physicians, technicians, phlebotomists, pharmacists, students and trainees, contractual staff, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering, and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents.

Procedure: Consistent with the CDC Guidelines: www.cdc.gov/tb/topic/testing/healthcareworkers.htm

1. Baseline TB Screening and Testing:

All CWRU HCP should be screened for TB upon matriculation and/or hire (i.e., preplacement). TB screening is a process that includes:

- A baseline individual TB risk assessment
- TB symptom evaluation,
- A TB test (e.g., TB blood test or a TB skin test), and
- Additional evaluation for TB disease as needed.

Information from the baseline individual TB risk assessment should be used to interpret the results of a TB blood test or TB skin test. CWRU health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.

CWRU health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.

2. Annual Screening, Testing, and Education

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.

- CWRU HCP will receive an annual TB symptom screen and TB education.
- CWRU HCP who complete a negative symptom screen and receive the education module will be marked compliant annually.
- CWRU HCP with TB symptoms or a known exposure will receive additional evaluation and testing as indicated.

Students who are required by a specific rotation site or other clinic location to have a TB test (skin or blood test) after matriculation will be accommodated.

Policy Concerning Other Communicable Diseases

1. If a medical student is engaged in any Type A clinical elective or clerkship or otherwise has patient contact and tests positive for any other communicable disease other than HBV or HIV that is reportable to the Department of Health and is listed on Appendix III, that student must report the disease to the University Health Service
2. The University Health Service will consult with the student to advise the student on requirements for minimizing the spread of the communicable disease.
3. When appropriate, the University Health Service also will advise the student of the need to notify the hospital(s) or clinic(s), and the attending physician, to which the student is assigned of the student's condition, so that the hospital(s) or clinic(s) can determine what restrictions, if any, need to be placed on the student's interaction with patients or what precautions the student must take. The University Health Service will work with the student to assure that the hospital(s) or clinic(s) receive(s) notice of the communicable disease either by the student self-reporting the disease either by the student self-reporting the disease or the University Health Service reporting the disease to the hospital(s) or clinic(s).
4. The student must follow the restrictions or precautions set out by the University Health Service and/or the hospital(s) or clinic(s) at which the student is performing the clerkships or clinical work.
5. Failure of a student to report one of the listed communicable diseases to the University Health Service may result in disciplinary action, including but not limited to oral or written warning, suspension, or expulsion. In addition, failure of a student to follow the restrictions or precautions placed on him or her by the University Health Service and/or the hospital or facility at which clinical work is performed may result in disciplinary action.
6. The Review Panel reserves the right to review and monitor students with communicable diseases other than HBV and HIV when the Review Panel determines that patients may be at risk because of the condition or that additional precautions are necessary to assure patient safety.

Appeals

Students may request reconsideration of any decision or recommendations of the Review Panel by requesting in writing that the Review Panel reconsider the decision or recommendations. The request for reconsideration must be submitted to the Review Panel within five (5) working days of the Review Panel's decision. If the student seeks reconsideration, the student is permitted to appear before the Review Panel to present information on the issue. The Review Panel may affirm its prior decision and/or recommendations or modify them. Before notifying the student of its decision on the reconsideration request, the Review Panel will forward its proposed decision to the Dean of the School of Medicine for approval and/or modifications. The Review Panel will provide to the student in writing the decision on the reconsideration request, including any modification in its decision and/or recommendations.

Any decision of the Review Panel or any other decision made pursuant to this Policy can be appealed to the Dean of the School of Medicine. The appeal must be submitted in writing within ten (10) working days of the date of the decision being appealed. The decision of the Dean is final.

Needle Stick Injuries and Occupational Exposures

Students, who in the course of their clinical experiences or laboratory work experience a needle stick injury or occupational exposure to biohazards, should follow the advice on the University Health and Counseling Services [needle stick and bloodborne pathogen exposure](#) website:

Students can call 216.368.2450 anytime to speak with a nurse on-call.

The student on a clerkship or clinical elective in one of the affiliated hospitals should, in addition, contact the designated individual, usually infection control personnel or an infectious disease staff member, for up-to-date medical advice at the time of the occurrence. The University Health Service can provide ongoing information and advice following the acute incident. The student's Student Affairs dean should be informed of these occurrences, so that they can offer information, advice, and support for the student. Reporting of injuries and occupational exposures is also critical to the development of effective policies and procedures.

Revised 7/1/2021

Amenities, Communications, and Miscellaneous

Student and Society Lounges

Located on the fourth floor of the Health Education Campus Samson Pavilion, the student lounges feature a variety of tables and chairs, couches, and study carrels. Two kitchenettes are available each on the north and south end of the building equipped with microwaves, and small refrigerators are available for use.

Student Lockers

First- and second-year students are assigned lockers to securely store their valuables. The School of Medicine is not responsible for student possessions in the event of loss or theft.

Information Screens

Curriculum information, announcements, and other information are displayed on LCD screens throughout the building.

E-Mail

Students and all other members of the CWRU community are assigned a Network User ID upon enrollment at Case Western Reserve University. The online CWRU Directory lists e-mail addresses of students, faculty, and staff. All official email from the University, including mail from faculty and administrators, will be sent to students using the Case email address. Students are expected to check email regularly and respond promptly when appropriate.

University Libraries

All of Case Western Reserve University's libraries support the university's undergraduate, graduate, and professional programs. Combined, their collections contain over 3 million volumes. Collections of electronic databases and electronic journals are available for all university faculty, staff, and students through the campus network or authorized remote access. The libraries include the Kelvin Smith Library and its branches, the Cleveland Health Sciences Library, the School of Law Library, and the Harris Library at the Mandel School of Applied Social Sciences.

There is a branch of the [Cleveland Health Sciences Library](#) (CHSL) in the Samson Pavilion located on the second floor, where Faculty and students can collaborate with librarians on their information or research needs, check out books on reserve, or study in the 24/7 quiet study space.

The [Allen Memorial Medical Library](#) is also home to the [Dittrick Medical History Center](#) and Museum with a history of medicine book collection, rare books, archives, and medical artifacts. News is featured on the [Dittrick Museum Blog](#).

Barnes and Noble University Bookstore

The [Barnes & Noble University Bookstore](#) is located at 11451 Euclid Avenue, Cleveland, 44106 or online. The regular hours for the bookstore are Monday through Friday, 9:00am to 3:00pm, and closed on Saturday and Sunday. The phone number for the bookstore is (216) 368-2650.

Parking

Parking privileges are offered, as space permits, to all registered students. Students may obtain information about campus parking, fees, and purchasing permits from the CWRU Office of Access Services in Crawford Hall, Room 18, or on their [website](#). The telephone number is (216) 368-2273.

For those third- and fourth-year medical students assigned to clerkships at University Hospitals or the Louis Stokes Veterans Affairs Medical Center (Wade Park), parking is arranged through Access Services in Crawford Hall (see above). Permits are usually obtained on the first day of the rotation. The SOM Office of the Registrar submits a list to Access Services of all students doing rotations at the above-mentioned hospitals. Parking for rotations at MetroHealth Medical Center and the Cleveland Clinic are arranged through their respective education offices.

Athletic Facilities

A variety of physical fitness facilities are available for each registered student with a valid student ID. The Veale Convocation, Athletic and Recreation Center is the home of Case athletics, physical education and intramural programs. The Veale Center houses four multi-purpose courts (which are frequently used for activities such as basketball, tennis, soccer and volleyball), a six-lane indoor track (8 laps = 1 mile) and a multipurpose aerobics room. A cardio exercise room, (with treadmills, elliptical trainers, stair-step machines, rowing machines, a gravitron and stationary bikes), a newly renovated weight room, (three separate rooms, main, power lift and hammer strength), nine racquetball courts, two squash courts, a rock climbing wall, Horsburgh Gym (used for basketball and volleyball), plus Veale Natatorium and Donnell Pool complete the facility.

Veale (along with Van Horn Field, which is located directly outside of Veale), Adelbert Gym, (adjacent to Van Horn) and Freiburger Field, (located on the corner of East Boulevard and Bellflower), are used for athletics, recreation, intramurals and physical education.

Graduate and professional students are enrolled automatically as members of 121 Fitness Center at a discounted rate. Students who do not wish to use this benefit, must opt out in their SIS account each fall. Students who wish to use financial aid to pay this fee must grant the Office of Financial Aid permission to deduct the fee from their financial aid refund.

Other athletic facilities on campus include Adelbert Gymnasium (basketball), Carlton Courts (tennis), DiSanto Field (football and track & field), Mather Park (softball), Nobby's Ballpark (baseball), and Wyant Athletic and Wellness Center (weights and fitness equipment). In addition, the university-owned Squire Valleeview and Valley Ridge Farms provide space for cross country running, hiking, and a variety of other outdoor activities. The University Farms are located in Hunting Valley, Ohio, a short drive east of the University. The 400-acre property encompasses a variety of deciduous forests, ravines, waterfalls, meadows, ponds and a self-contained natural watershed.

Revised 7/1/2021

Appendices

Appendix I: Integrity Acknowledgement Form

Incoming Students are required to sign and submit the following form

<p style="text-align: center;">WR2 Curriculum Case Western Reserve University School of Medicine Integrity Acknowledgement Form</p>
--

I acknowledge that the curriculum unfolds at specified points in time. Specifically, the learning objectives pertaining to small group cases are revealed at the end of each week's deliberations. I will not seek to obtain the case-specific learning objectives from students who have already completed the curriculum. Additionally, at no time, will I provide case-specific learning objectives to future students.

I hereby acknowledge that all curricular materials including assignments and assessments that accompany the CWRU WR2 curriculum are owned and copyrighted by the Case Western Reserve University School of Medicine. I will not copy any part of these assignments or assessments for purposes of distribution to other classes or outside entities.

I will take tests that are owned and copyrighted by the School of Medicine and owned and copyrighted by the National Board of Medical Examiners. I acknowledge that any reproduction of these materials, or any part of them, through any means, including, but not limited to, photocopying, photographing, downloading, and reconstruction through memorization, or dictation, and/or dissemination of these materials or any part of them, is strictly prohibited. I will not retain, copy, distribute, or attempt to reproduce any part of these secure examinations.

I will demonstrate honesty and integrity in all aspects of my education. I commit myself to knowing, understanding, and preserving professional ethics as I grow in my understanding of its meaning. I will not cheat, plagiarize the work of others, use unauthorized materials, misrepresent my work, falsify data, or assist others in the commission of these acts. I will not purposefully mislead others.

By acting with honesty, integrity, fairness, and respect for others, we foster a community built on trust. Behavior that deviates from these principles jeopardizes this achievement, and, in some circumstances, patient safety. As such, I understand it is my professional obligation to confront and report such behavior.

Name: _____

Signature: _____ Date: _____

Revised 9/22/2020

Appendices

Appendix II: Licensure Considerations

Relationship to Licensure

The degree of Doctor of Medicine awarded by Case Western Reserve University is an academic degree and does not provide a legal basis for the practice of medicine. Licensure to practice medicine in the United States and its territories is a privilege granted by the individual licensing authorities of the states and territories. The licensing authority of each individual jurisdiction establishes its policies, eligibility, and requirements for the practice of medicine within its boundaries pursuant to statutory and regulatory provisions. It is the responsibility of each graduate to meet the requirements of the specific state or territory in which they may wish to practice medicine and make certain that their individualized course of study meets the academic requirements of that jurisdiction.

[Federation of State Medical Boards](#)

Special Rule for Ohio Licensure (MSTP students take special note)

Current Ohio eligibility requirements for receiving an Ohio license to practice medicine include the passage of USMLE within a ten-year period, achieving a recognized passing performance on each step or level. The State Medical Board of Ohio may grant a good cause waiver to any applicant that does not meet this requirement, if the applicant demonstrates good cause, as determined by the Board, for not having passed all three steps or levels within the ten-year period, and otherwise meets the eligibility requirements set forth by the Board.

[State Medical Board of Ohio](#)

MSTP students taking additional time to complete their PhD work and who wish to practice in Ohio may need to request a good cause waiver. They should also note that almost all states have some regulations regarding the time period within which USMLE exams must be passed and may differ in the exceptions they are willing to make. MSTP students should learn the rules applicable in the state in which they plan to practice initially and may consult with the [MSTP program office](#) for advice and assistance.

Revised 5/27/2020

Appendices

Appendix III: Reportable Infectious Diseases in Ohio

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- | | | | |
|---------------------------------------|---|---|---|
| • Anthrax | • Meningococcal disease | • Severe acute respiratory syndrome (SARS) | fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever |
| • Botulism, foodborne | • Middle East Respiratory Syndrome (MERS) | • Smallpox | |
| • Cholera | • Plague | • Tularemia | • Yellow fever |
| • Diphtheria | • Rabies, human | • Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa | |
| • Influenza A – novel virus infection | • Rubella (not congenital) | | |
| • Measles | | | |

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- | | | | |
|---|--|--|--|
| • Amebiasis | • Chancroid | • Influenza-associated pediatric mortality | • <i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA) |
| • Arboviral neuroinvasive and non-neuroinvasive disease: | • <i>Chlamydia trachomatis</i> infections | • Legionnaires' disease | • Streptococcal disease, group A, invasive (IGAS) |
| • Chikungunya virus infection | • Coccidioidomycosis | • Leprosy (Hansen disease) | • Streptococcal disease, group B, in newborn |
| • Eastern equine encephalitis virus disease | • Creutzfeldt-Jakob disease (CJD) | • Leptospirosis | • Streptococcal toxic shock syndrome (STSS) |
| • LaCrosse virus disease (other California serogroup virus disease) | • Cryptosporidiosis | • Listeriosis | • <i>Streptococcus pneumoniae</i> , invasive disease (ISP) |
| • Powassan virus disease | • Cyclosporiasis | • Lyme disease | • Syphilis |
| • St. Louis encephalitis virus disease | • Dengue | • Malaria | • Tetanus |
| • West Nile virus infection | • <i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC) | • Meningitis: | • Toxic shock syndrome (TSS) |
| • Western equine encephalitis virus disease | • Ehrlichiosis/anaplasmosis | • Aseptic (viral) | • Trichinellosis |
| • Zika virus infection | • Giardiasis | • Bacterial | • Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB) |
| • Other arthropod-borne diseases | • Gonorrhea (<i>Neisseria gonorrhoeae</i>) | • Mumps | • Typhoid fever |
| • Babesiosis | • <i>Haemophilus influenzae</i> (invasive disease) | • Pertussis | • Varicella |
| • Botulism | • Hantavirus | • Poliomyelitis (including vaccine-associated cases) | • Vibriosis |
| • infant | • Hemolytic uremic syndrome (HUS) | • Psittacosis | • Yersiniosis |
| • wound | • Hepatitis A | • Q fever | |
| • Brucellosis | • Hepatitis B (non-perinatal) | • Rubella (congenital) | |
| • Campylobacteriosis | • Hepatitis B (perinatal) | • Salmonellosis | |
| | • Hepatitis C | • Shigellosis | |
| | • Hepatitis D (delta hepatitis) | • Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF) | |
| | • Hepatitis E | | |
| | • Influenza-associated hospitalization | | |

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- | | | |
|-------------|-------------------------|--------------|
| • Community | • Healthcare-associated | • Waterborne |
| • Foodborne | • Institutional | • Zoonotic |

Know Your ABCs (Alphabetical Order)*Effective September 16, 2016*

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
Chancroid	B
<i>Chlamydia trachomatis</i> infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B
<i>Haemophilus influenzae</i> (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B
Measles	A

Name	Class
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Typhoid fever	B
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	A
Yersiniosis	B
Zika virus infection	B

Appendices

Appendix IV: Scheduling Clinical Rotations

The scheduling process generally begins about 8-9 months in advance when the Administrative Director of the Clinical Curriculum confirms the maximum number of medical students that sites directors can accept without compromising available resources.

Once capacity has been confirmed, medical students are randomly assigned a third year basic core rotation schedule (sites not yet determined) about 8 months in advance. Students with any extenuating circumstances can be accommodated prior to the random assignment of schedules as consideration is given to life events and other exceptions such as the need to accommodate military commitments. The number of students assigned to different group schedules are maximized so that an optimal number of students can rotate without jeopardizing available resources at any one time. After being assigned to an initial schedule, students will have the opportunity (1 month) to swap different parts or whole schedules with another student as long as all switches are direct switches (e.g. Student A with Schedule X switches with Student B with Schedule Y).

Students will have access to an on-line shared, secured document (i.e. a google doc) so that students can negotiate with peers and switch assignments after the initial assignment has been completed.

After the swap deadline has passed, students will then have the opportunity (1 month) to enter and rank 3 site preferences. Every effort is made to consider a student's first choice in terms of site preference.

Capacity restraints can occur so that students will be assigned to their second choice when the first choice cannot be accommodated. Careful consideration is made so that no students receive their third choice for any rotation. Students also have another opportunity (1 week) to swap site locations with each other.

In the event that a student needs to request an alternative assignment before the start of the rotation and is unable to swap with another student, the student first must formally review the rationale with his/her Society Dean. The Society Dean will consider reasons (e.g. academic, personal, health) for the request change. Upon Society Dean approval, every effort will be made to work with clerkship sites to accommodate the students' request.

We understand that there may be exceptional circumstances after the beginning of a rotation that necessitates an alternative assignment. In the case of exceptional circumstances after a rotation has begun, students must formally speak with the site Clerkship Administrator who will work with the Clerkship Director to review the rationale. The Clerkship Director will work first to remedy the situation and/or determine if a change is warranted. Should the student not be able to continue with the rotation at that time or another time as determined by the Clerkship Director, the student will meet with the Society Dean and obtain an alternative assignment.

Students are informed of the process for an alternative assignment during the class meeting prior to the start of the scheduling process and also at orientation sessions for each rotation.

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Personal Best



I've been a surgeon for eight years. For the past couple of them, my performance in the operating room has reached a plateau. I'd like to think it's a good thing—I've arrived at my professional peak. But mainly it seems as if I've just stopped getting better.



No matter how well trained people are few can sustain their best performance on their own. That's where coaching comes in.

No matter how well trained people are, few can sustain their best performance on their own. That's where coaching comes in. Illustration by Barry Blitt

During the first two or three years in practice, your skills seem to improve almost daily. It's not about hand-eye coordination—you have that down halfway through your residency. As one of my professors once explained, doing surgery is no more physically difficult than writing in cursive. Surgical mastery is about familiarity and judgment. You learn the problems that can occur during a particular procedure or with a particular condition, and you learn how to either prevent or respond to those problems.

Say you've got a patient who needs surgery for appendicitis. These days, surgeons will typically do a laparoscopic appendectomy. You slide a small camera—a laparoscope—into the abdomen through a quarter-inch incision near the belly button, insert a long grasper through an incision beneath the waistline, and push a device for stapling and cutting through an incision in the left lower abdomen. Use the grasper to pick up the finger-size appendix, fire the stapler across its base and across the vessels feeding it, drop the severed organ into a plastic bag, and pull it out. Close up, and you're done. That's how you like it to go, anyway. But often it doesn't.

Even before you start, you need to make some judgments. Unusual anatomy, severe obesity, or internal scars from previous abdominal surgery could make it difficult to get the camera in safely; you don't want to poke it into a loop of intestine. You have to decide which camera-insertion method to use—there's a range of options—or whether to abandon the high-tech approach and do the operation the traditional way, with a wide-open incision that lets you see everything directly. If you do get your camera and instruments inside, you may have trouble grasping the appendix. Infection turns it into a fat, bloody, inflamed worm that sticks to everything around it—bowel, blood vessels, an ovary, the pelvic sidewall—and to free it you have to choose from a variety of tools and techniques. You can use a long cotton-tipped instrument to try to push the surrounding attachments away. You can use electrocautery, a hook, a pair of scissors, a sharp-tip dissector, a blunt-tip dissector, a right-angle dissector, or a suction device. You can adjust the operating table so that the patient's head is down and

his feet are up, allowing gravity to pull the viscera in the right direction. Or you can just grab whatever part of the appendix is visible and pull really hard.

Once you have the little organ in view, you may find that appendicitis was the wrong diagnosis. It might be a tumor of the appendix, Crohn's disease, or an ovarian condition that happened to have inflamed the nearby appendix. Then you'd have to decide whether you need additional equipment or personnel—maybe it's time to enlist another surgeon.

Over time, you learn how to head off problems, and, when you can't, you arrive at solutions with less fumbling and more assurance. After eight years, I've performed more than two thousand operations. Three-quarters have involved my specialty, endocrine surgery—surgery for endocrine organs such as the thyroid, the parathyroid, and the adrenal glands. The rest have involved everything from simple biopsies to colon cancer. For my specialized cases, I've come to know most of the serious difficulties that could arise, and have worked out solutions. For the others, I've gained confidence in my ability to handle a wide range of situations, and to improvise when necessary.

As I went along, I compared my results against national data, and I began beating the averages. My rates of complications moved steadily lower and lower. And then, a couple of years ago, they didn't. It started to seem that the only direction things could go from here was the wrong one.

Maybe this is what happens when you turn forty-five. Surgery is, at least, a relatively late-peaking career. It's not like mathematics or baseball or pop music, where your best work is often behind you by the time you're thirty. Jobs that involve the complexities of people or nature seem to take the longest to master: the average age at which S. & P. 500 chief executive officers are hired is fifty-two, and the age of maximum productivity for geologists, one study estimated, is around fifty-four. Surgeons apparently fall somewhere between the extremes, requiring both physical stamina and the judgment that comes with experience. Apparently, I'd arrived at that middle point.

It wouldn't have been the first time I'd hit a plateau. I grew up in Ohio, and when I was in high school I hoped to become a serious tennis player. But I peaked at seventeen. That was the year that Danny Trevas and I climbed to the top tier for doubles in the Ohio Valley. I qualified to play singles in a couple of national tournaments, only to be smothered in the first round both times. The kids at that level were playing a different game than I was. At Stanford, where I went to college, the tennis team ranked No. 1 in the nation, and I had no chance of being picked. That meant spending the past twenty-five years trying to slow the steady decline of my game.

I still love getting out on the court on a warm summer day, swinging a racquet strung to fifty-six pounds of tension at a two-ounce felt-covered sphere, and trying for those increasingly elusive moments when my racquet feels like an extension of my arm, and my legs are putting me exactly where the ball is going to be. But I came to accept that I'd never be remotely as good as I was when I was seventeen. In the hope of not losing my game altogether, I play when I can. I often bring my racquet on trips, for instance, and look for time to squeeze in a match.

Video From The New Yorker

[How Trick Plays Subvert Expectations at the Super Bowl](#)

One July day a couple of years ago, when I was at a medical meeting in Nantucket, I had an afternoon free and went looking for someone to hit with. I found a local tennis club and asked if there was anyone who wanted to play. There wasn't. I saw that there was a ball machine, and I asked the club pro if I could use it to practice ground strokes. He told me that it was for members only. But I could pay for a lesson and hit with him.

He was in his early twenties, a recent graduate who'd played on his college team. We hit back and forth for a while. He went easy on me at first, and then started running me around. I served a few points, and the tennis coach in him came out. You know, he said, you could get more power from your serve.

I was dubious. My serve had always been the best part of my game. But I listened. He had me pay attention to my feet as I served, and I gradually recognized that my legs weren't really underneath me when I swung my racquet up into the air. My right leg dragged a few inches behind my body, reducing my power. With a few minutes of tinkering, he'd added at least ten miles an hour to my serve. I was serving harder than I ever had in my life.

Not long afterward, I watched Rafael Nadal play a tournament match on the Tennis Channel. The camera flashed to his coach, and the obvious struck me as interesting: even Rafael Nadal has a coach. Nearly every elite tennis player in the world does. Professional athletes use coaches to make sure they are as good as they can be.

But doctors don't. I'd paid to have a kid just out of college look at my serve. So why did I find it inconceivable to pay someone to come into my operating room and coach me on my surgical technique?

What we think of as coaching was, sports historians say, a distinctly American development. During the nineteenth century, Britain had the more avid sporting culture; its leisure classes went in for games like cricket, golf, and soccer. But the aristocratic origins produced an ethos of amateurism: you didn't want to seem to be trying too hard. For the Brits, coaching, even practicing, was, well, unsporting. In America, a more competitive and entrepreneurial spirit took hold. In 1875, Harvard and Yale played one of the nation's first American-rules football games. Yale soon employed a head coach for the team, the legendary Walter Camp. He established position coaches for individual player development, maintained detailed performance records for each player, and pre-planned every game. Harvard preferred the British approach to sports. In those first three decades, it beat Yale only four times.

The concept of a coach is slippery. Coaches are not teachers, but they teach. They're not your boss—in professional tennis, golf, and skating, the athlete hires and fires the coach—but they can be bossy. They don't even have to be good at the sport. The famous Olympic gymnastics coach Bela Karolyi couldn't do a split if his life depended on it. Mainly, they observe, they judge, and they guide.

Coaches are like editors, another slippery invention. Consider Maxwell Perkins, the great Scribner's editor, who found, nurtured, and published such writers as F. Scott Fitzgerald, Ernest Hemingway, and Thomas Wolfe. "Perkins has the intangible faculty of giving you confidence in yourself and the book you are writing," one of his writers said in a *New Yorker* Profile from 1944. "He never tells you what to do," another writer said. "Instead, he suggests to you, in an extraordinarily inarticulate fashion, what you want to do yourself."

The coaching model is different from the traditional conception of pedagogy, where there's a presumption that, after a certain point, the student no longer needs instruction. You graduate. You're done. You can go the rest of the way yourself. This is how elite musicians are taught. Barbara Lourie Sand's book "Teaching Genius" describes the methods of the legendary Juilliard violin instructor Dorothy DeLay. DeLay was a Perkins-like figure who trained an amazing roster of late-twentieth-century virtuosos, including Itzhak Perlman, Nigel Kennedy, Midori, and Sarah Chang. They came to the Juilliard School at a young age—usually after they'd demonstrated talent but reached the limits of what local teachers could offer. They studied with DeLay for a number of years, and then they graduated, launched like ships leaving drydock. She saw her role as preparing them to make their way without her.

Itzhak Perlman, for instance, arrived at Juilliard, in 1959, at the age of thirteen, and studied there for eight years, working with both DeLay and Ivan Galamian, another revered instructor. Among the key things he learned were discipline, a broad repertoire, and the exigencies of technique. “All DeLay’s students, big or little, have to do their scales, their arpeggios, their études, their Bach, their concertos, and so on,” Sand writes. “By the time they reach their teens, they are expected to be practicing a minimum of five hours a day.” DeLay also taught them to try new and difficult things, to perform without fear. She expanded their sense of possibility. Perlman, disabled by polio, couldn’t play the violin standing, and DeLay was one of the few who were convinced that he could have a concert career. DeLay was, her biographer observed, “basically in the business of teaching her pupils how to think, and to trust their ability to do so effectively.” Musical expertise meant not needing to be coached.

“This is our coffeemaker room.”

Doctors understand expertise in the same way. Knowledge of disease and the science of treatment are always evolving. We have to keep developing our capabilities and avoid falling behind. So the training inculcates an ethic of perfectionism. Expertise is thought to be not a static condition but one that doctors must build and sustain for themselves.

Coaching in pro sports proceeds from a starkly different premise: it considers the teaching model naïve about our human capacity for self-perfection. It holds that, no matter how well prepared people are in their formative years, few can achieve and maintain their best performance on their own. One of these views, it seemed to me, had to be wrong. So I called Itzhak Perlman to find out what he thought.

I asked him why concert violinists didn’t have coaches, the way top athletes did. He said that he didn’t know, but that it had always seemed a mistake to him. He had enjoyed the services of a coach all along.

He had a coach? “I was very, very lucky,” Perlman said. His wife, Toby, whom he’d known at Juilliard, was a concert-level violinist, and he’d relied on her for the past forty years. “The great challenge in performing is listening to yourself,” he said. “Your physicality, the sensation that you have as you play the violin, interferes with your accuracy of listening.” What violinists perceive is often quite different from what audiences perceive.

“My wife always says that I don’t really know how I play,” he told me. “She is an extra ear.” She’d tell him if a passage was too fast or too tight or too mechanical—if there was something that needed fixing. Sometimes she has had to puzzle out what might be wrong, asking another expert to describe what she heard as he played.

Her ear provided external judgment. “She is very tough, and that’s what I like about it,” Perlman says. He doesn’t always trust his response when he listens to recordings of his performances. He might think something sounds awful, and then realize he was mistaken: “There is a variation in the ability to listen, as well, I’ve found.” He didn’t know if other instrumentalists relied on coaching, but he suspected that many find help like he did. Vocalists, he pointed out, employ voice coaches throughout their careers.

The professional singers I spoke to describe their coaches in nearly identical terms. “We refer to them as our ‘outside ears,’ ” the great soprano Renée Fleming told me. “The voice is so mysterious and fragile. It’s mostly involuntary muscles that fuel the instrument. What we hear as we are singing is not what the audience hears.” When she’s preparing for a concert, she practices with her vocal coach for ninety minutes or so several times a week. “Our voices are very limited in the amount of time we can use them,” she explains. After they’ve put in the hours to attain professional status, she said, singers have about twenty or thirty years to achieve something near their best, and then to sustain that level. For Fleming, “outside ears” have been invaluable at every point.

So outside ears, and eyes, are important for concert-calibre musicians and Olympic-level athletes. What about regular professionals, who just want to do what they do as well as they can? I talked to Jim Knight about this. He is the director of the Kansas Coaching Project, at the University of Kansas. He teaches coaching—for schoolteachers. For decades, research has confirmed that the big factor in determining how much students learn is not class size or the extent of standardized testing but the quality of their teachers. Policymakers have pushed mostly carrot-and-stick remedies: firing underperforming teachers, giving merit pay to high performers, penalizing schools with poor student test scores. People like Jim Knight think we should push coaching.

California researchers in the early nineteen-eighties conducted a five-year study of teacher-skill development in eighty schools, and noticed something interesting. Workshops led teachers to use new skills in the classroom only ten per cent of the time. Even when a practice session with demonstrations and personal feedback was added, fewer than twenty per cent made the change. But when coaching was introduced—when a colleague watched them try the new skills in their own classroom and provided suggestions—adoption rates passed ninety per cent. A spate of small randomized trials confirmed the effect. Coached teachers were more effective, and their students did better on tests.

Knight experienced it himself. Two decades ago, he was trying to teach writing to students at a community college in Toronto, and floundering. He studied techniques for teaching students how to write coherent sentences and organize their paragraphs. But he didn't get anywhere until a colleague came into the classroom and coached him through the changes he was trying to make. He won an award for innovation in teaching, and eventually wrote a Ph.D. dissertation at the University of Kansas on measures to improve pedagogy. Then he got funding to train coaches for every school in Topeka, and he has been expanding his program ever since. Coaching programs have now spread to hundreds of school districts across the country.

There have been encouraging early results, but the data haven't yet been analyzed on a large scale. One thing that seems clear, though, is that not all coaches are effective. I asked Knight to show me what makes for good coaching.

We met early one May morning at Leslie H. Walton Middle School, in Albemarle County, Virginia. In 2009, the Albemarle County public schools created an instructional-coaching program, based in part on Knight's methods. It recruited twenty-four teacher coaches for the twenty-seven schools in the semi-rural district. (Charlottesville is the county seat, but it runs a separate school district.) Many teacher-coaching programs concentrate on newer teachers, and this one is no exception. All teachers in their first two years are required to accept a coach, but the program also offers coaching to any teacher who wants it.

Not everyone has. Researchers from the University of Virginia found that many teachers see no need for coaching. Others hate the idea of being observed in the classroom, or fear that using a coach makes them look incompetent, or are convinced, despite assurances, that the coaches are reporting their evaluations to the principal. And some are skeptical that the school's particular coaches would be of any use.

To find its coaches, the program took applications from any teachers in the system who were willing to cross over to the back of the classroom for a couple of years and teach colleagues instead of students. They were selected for their skills with people, and they studied the methods developed by Knight and others. But they did not necessarily have any special expertise in a content area, like math or science. The coaches assigned to Walton Middle School were John Hobson, a bushy-bearded high-school history teacher who was just thirty-three years old when he started but had been a successful baseball and tennis coach, and Diane Harding, a teacher who had two decades of experience but had spent the previous seven years out of the classroom, serving as a technology specialist.

Nonetheless, many veteran teachers—including some of the best—signed up to let the outsiders in. Jennie Critzer, an eighth-grade math teacher, was one of those teachers, and we descended on her first-period algebra class as a small troupe—Jim Knight, me, and both coaches. (The school seemed eager to have me see what both do.)

After the students found their seats—some had to search a little, because Critzer had scrambled the assigned seating, as she often does, to “keep things fresh”—she got to work. She had been a math teacher at Walton Middle School for ten years. She taught three ninety-minute classes a day with anywhere from twenty to thirty students. And she had every class structured down to the minute.

Today, she said, they would be learning how to simplify radicals. She had already put a “Do Now” problem on the whiteboard: “Simplify $\sqrt{36}$ and $\sqrt{32}$.” She gave the kids three minutes to get as far as they could, and walked the rows of desks with a white egg timer in her hand as the students went at it. With her blond pigtails, purple striped sack dress, flip-flops, and painted toenails, each a different color, she looked like a graduate student headed to a beach party. But she carried herself with an air of easy command. The timer sounded.

For thirty seconds, she had the students compare their results with those of the partner next to them. Then she called on a student at random for the first problem, the simplified form of $\sqrt{36}$. “Six,” the girl said.

“Stand up if you got six,” Critzer said. Everyone stood up.

She turned to the harder problem of simplifying $\sqrt{32}$. No one got the answer, $4\sqrt{2}$. It was a middle-level algebra class; the kids didn’t have a lot of confidence when it came to math. Yet her job was to hold their attention and get them to grasp and apply three highly abstract concepts—the concepts of radicals, of perfect squares, and of factoring. In the course of one class, she did just that.

She set a clear goal, announcing that by the end of class the students would know how to write numbers like $\sqrt{32}$ in a simplified form without using a decimal or a fraction. Then she broke the task into steps. She had the students punch $\sqrt{32}$ into their calculators and see what number they got (5.66). She had them try explaining to their partner how whole numbers differed from decimals. (“Thirty seconds, everyone.”) She had them write down other numbers whose square root was a whole number. She made them visualize, verbalize, and write the idea. Soon, they’d figured out how to find the factors of the number under the radical sign, and then how to move factors from under the radical sign to outside the radical sign.

Toward the end, she had her students try simplifying $\sqrt{20}$. They had one minute. One of the boys who’d looked alternately baffled and distracted for the first half of class hunched over his notebook scratching out an answer with his pencil. “This is so easy now,” he announced.

I told the coaches that I didn’t see how Critzer could have done better. They said that every teacher has something to work on. It could involve student behavior, or class preparation, or time management, or any number of other things. The coaches let the teachers choose the direction for coaching. They usually know better than anyone what their difficulties are.

Critzer’s concern for the last quarter of the school year was whether her students were effectively engaged and learning the material they needed for the state tests. So that’s what her coaches focussed on. Knight teaches coaches to observe a few specifics: whether the teacher has an effective plan for instruction; how many students are engaged in the material; whether they interact respectfully; whether they engage in high-level conversations; whether they understand how they are progressing, or failing to progress.

Novice teachers often struggle with the basic behavioral issues. Hobson told me of one such teacher, whose students included a hugely disruptive boy. Hobson took her to observe the boy in another teacher's classroom, where he behaved like a prince. Only then did the teacher see that her style was the problem. She let students speak—and shout, and interrupt—without raising their hands, and go to the bathroom without asking. Then she got angry when things got out of control.

Jennie Critzer had no trouble maintaining classroom discipline, and she skillfully used a variety of what teachers call “learning structures”—lecturing, problem-solving, coöperative learning, discussion. But the coaches weren't convinced that she was getting the best results. Of twenty kids, they noticed, at least four seemed at sea.

“The check is in the cloud.”

Good coaches know how to break down performance into its critical individual components. In sports, coaches focus on mechanics, conditioning, and strategy, and have ways to break each of those down, in turn. The U.C.L.A. basketball coach John Wooden, at the first squad meeting each season, even had his players practice putting their socks on. He demonstrated just how to do it: he carefully rolled each sock over his toes, up his foot, around the heel, and pulled it up snug, then went back to his toes and smoothed out the material along the sock's length, making sure there were no wrinkles or creases. He had two purposes in doing this. First, wrinkles cause blisters. Blisters cost games. Second, he wanted his players to learn how crucial seemingly trivial details could be. “Details create success” was the creed of a coach who won ten N.C.A.A. men's basketball championships.

At Walton Middle School, Hobson and Harding thought that Critzer should pay close attention to the details of how she used coöperative learning. When she paired the kids off, they observed, most struggled with having a “math conversation.” The worst pairs had a girl with a boy. One boy-girl pair had been unable to talk at all.

Élite performers, researchers say, must engage in “deliberate practice”—sustained, mindful efforts to develop the full range of abilities that success requires. You have to work at what you're not good at. In theory, people can do this themselves. But most people do not know where to start or how to proceed. Expertise, as the formula goes, requires going from unconscious incompetence to conscious incompetence to conscious competence and finally to unconscious competence. The coach provides the outside eyes and ears, and makes you aware of where you're falling short. This is tricky. Human beings resist exposure and critique; our brains are well defended. So coaches use a variety of approaches—showing what other, respected colleagues do, for instance, or reviewing videos of the subject's performance. The most common, however, is just conversation.

At lunchtime, Critzer and her coaches sat down at a table in the empty school library. Hobson took the lead. “What worked?” he asked.

Critzer said she had been trying to increase the time that students spend on independent practice during classes, and she thought she was doing a good job. She was also trying to “break the plane” more—get out from in front of the whiteboard and walk among the students—and that was working nicely. But she knew the next question, and posed it herself: “So what didn't go well?” She noticed one girl who “clearly wasn't getting it.” But at the time she hadn't been sure what to do.

“How could you help her?” Hobson asked.

She thought for a moment. “I would need to break the concept down for her more,” she said. “I'll bring her in during the fifth block.”

“What else did you notice?”

“My second class has thirty kids but was more forthcoming. It was actually easier to teach than the first class. This group is less verbal.” Her answer gave the coaches the opening they wanted. They mentioned the trouble students had with their math conversations, and the girl-boy pair who didn’t talk at all. “How could you help them be more verbal?”

Critzer was stumped. Everyone was. The table fell silent. Then Harding had an idea. “How about putting key math words on the board for them to use—like ‘factoring,’ ‘perfect square,’ ‘radical’?” she said. “They could even record the math words they used in their discussion.” Critzer liked the suggestion. It was something to try.

For half an hour, they worked through the fine points of the observation and formulated plans for what she could practice next. Critzer sat at a short end of the table chatting, the coaches at the long end beside her, Harding leaning toward her on an elbow, Hobson fingering his beard. They looked like three colleagues on a lunch break—which, Knight later explained, was part of what made the two coaches effective.

He had seen enough coaching to break even their performance down into its components. Good coaches, he said, speak with credibility, make a personal connection, and focus little on themselves. Hobson and Harding “listened more than they talked,” Knight said. “They were one hundred per cent present in the conversation.” They also parcelled out their observations carefully. “It’s not a normal way of communicating—watching what your words are doing,” he said. They had discomfiting information to convey, and they did it directly but respectfully.

I asked Critzer if she liked the coaching. “I do,” she said. “It works with my personality. I’m very self-critical. So I grabbed a coach from the beginning.” She had been concerned for a while about how to do a better job engaging her kids. “So many things have to come together. I’d exhausted everything I knew to improve.”

She told me that she had begun to burn out. “I felt really isolated, too,” she said. Coaching had changed that. “My stress level is a lot less now.” That might have been the best news for the students. They kept a great teacher, and saw her get better. “The coaching has definitely changed how satisfying teaching is,” she said.

I decided to try a coach. I called Robert Osteen, a retired general surgeon, whom I trained under during my residency, to see if he might consider the idea. He’s one of the surgeons I most hoped to emulate in my career. His operations were swift without seeming hurried and elegant without seeming showy. He was calm. I never once saw him lose his temper. He had a plan for every circumstance. He had impeccable judgment. And his patients had unusually few complications.

He specialized in surgery for tumors of the pancreas, liver, stomach, esophagus, colon, breast, and other organs. One test of a cancer surgeon is knowing when surgery is pointless and when to forge ahead. Osteen never hemmed or hawed, or pushed too far. “Can’t be done,” he’d say upon getting a patient’s abdomen open and discovering a tumor to be more invasive than expected. And, without a pause for lament, he’d begin closing up again.

Year after year, the senior residents chose him for their annual teaching award. He was an unusual teacher. He never quite told you what to do. As an intern, I did my first splenectomy with him. He did not draw the skin incision to be made with the sterile marking pen the way the other professors did. He just stood there, waiting. Finally, I took the pen, put the felt tip on the skin somewhere, and looked up at him to see if I could make out a glimmer of approval or disapproval. He gave me nothing. I drew a line down the patient’s middle, from just below the sternum to just above the navel.

“Is that really where you want it?” he said. Osteen’s voice was a low, car-engine growl, tinged with the accent of his boyhood in Savannah, Georgia, and it took me a couple of years to realize that it was not

his voice that scared me but his questions. He was invariably trying to get residents to think—to think like surgeons—and his questions exposed how much we had to learn.

“Yes,” I answered. We proceeded with the operation. Ten minutes into the case, it became obvious that I’d made the incision too small to expose the spleen. “I should have taken the incision down below the navel, huh?” He grunted in the affirmative, and we stopped to extend the incision.

I reached Osteen at his summer home, on Buzzards Bay. He was enjoying retirement. He spent time with his grandchildren and travelled, and, having been an avid sailor all his life, he had just finished writing a book on nineteenth-century naval mapmaking. He didn’t miss operating, but one day a week he held a teaching conference for residents and medical students. When I explained the experiment I wanted to try, he was game.

He came to my operating room one morning and stood silently observing from a step stool set back a few feet from the table. He scribbled in a notepad and changed position once in a while, looking over the anesthesia drape or watching from behind me. I was initially self-conscious about being observed by my former teacher. But I was doing an operation—a thyroidectomy for a patient with a cancerous nodule—that I had done around a thousand times, more times than I’ve been to the movies. I was quickly absorbed in the flow of it—the symphony of coordinated movement between me and my surgical assistant, a senior resident, across the table from me, and the surgical technician to my side.

The case went beautifully. The cancer had not spread beyond the thyroid, and, in eighty-six minutes, we removed the fleshy, butterfly-shaped organ, carefully detaching it from the trachea and from the nerves to the vocal cords. Osteen had rarely done this operation when he was practicing, and I wondered whether he would find anything useful to tell me.

We sat in the surgeons’ lounge afterward. He saw only small things, he said, but, if I were trying to keep a problem from happening even once in my next hundred operations, it’s the small things I had to worry about. He noticed that I’d positioned and draped the patient perfectly for me, standing on his left side, but not for anyone else. The draping hemmed in the surgical assistant across the table on the patient’s right side, restricting his left arm, and hampering his ability to pull the wound upward. At one point in the operation, we found ourselves struggling to see up high enough in the neck on that side. The draping also pushed the medical student off to the surgical assistant’s right, where he couldn’t help at all. I should have made more room to the left, which would have allowed the student to hold the retractor and freed the surgical assistant’s left hand.

Osteen also asked me to pay more attention to my elbows. At various points during the operation, he observed, my right elbow rose to the level of my shoulder, on occasion higher. “You cannot achieve precision with your elbow in the air,” he said. A surgeon’s elbows should be loose and down by his sides. “When you are tempted to raise your elbow, that means you need to either move your feet”—because you’re standing in the wrong position—“or choose a different instrument.”

He had a whole list of observations like this. His notepad was dense with small print. I operate with magnifying loupes and wasn’t aware how much this restricted my peripheral vision. I never noticed, for example, that at one point the patient had blood-pressure problems, which the anesthesiologist was monitoring. Nor did I realize that, for about half an hour, the operating light drifted out of the wound; I was operating with light from reflected surfaces. Osteen pointed out that the instruments I’d chosen for holding the incision open had got tangled up, wasting time.

That one twenty-minute discussion gave me more to consider and work on than I’d had in the past five years. It had been strange and more than a little awkward having to explain to the surgical team why Osteen was spending the morning with us. “He’s here to coach me,” I’d said. Yet the stranger thing, it occurred to me, was that no senior colleague had come to observe me in the eight years since I’d

established my surgical practice. Like most work, medical practice is largely unseen by anyone who might raise one's sights. I'd had no outside ears and eyes.

Osteen has continued to coach me in the months since that experiment. I take his observations, work on them for a few weeks, and then get together with him again. The mechanics of the interaction are still evolving. Surgical performance begins well before the operating room, with the choice made in the clinic of whether to operate in the first place. Osteen and I have spent time examining the way I plan before surgery. I've also begun taking time to do something I'd rarely done before—watch other colleagues operate in order to gather ideas about what I could do.

A former colleague at my hospital, the cancer surgeon Caprice Greenberg, has become a pioneer in using video in the operating room. She had the idea that routine, high-quality video recordings of operations could enable us to figure out why some patients fare better than others. If we learned what techniques made the difference, we could even try to coach for them. The work is still in its early stages. So far, a handful of surgeons have had their operations taped, and begun reviewing them with a colleague.

I was one of the surgeons who got to try it. It was like going over a game tape. One rainy afternoon, I brought my laptop to Osteen's kitchen, and we watched a recording of another thyroidectomy I'd performed. Three video pictures of the operation streamed on the screen—one from a camera in the operating light, one from a wide-angle room camera, and one with the feed from the anesthesia monitor. A boom microphone picked up the sound.

Osteen liked how I'd changed the patient's positioning and draping. "See? Right there!" He pointed at the screen. "The assistant is able to help you now." At one point, the light drifted out of the wound and we watched to see how long it took me to realize I'd lost direct illumination: four minutes, instead of half an hour.

"Good," he said. "You're paying more attention."

He had new pointers for me. He wanted me to let the residents struggle thirty seconds more when I asked them to help with a task. I tended to give them precise instructions as soon as progress slowed. "No, use the DeBakey forceps," I'd say, or "Move the retractor first." Osteen's advice: "Get them to think." It's the only way people learn.

And together we identified a critical step in a thyroidectomy to work on: finding and preserving the parathyroid glands—four fatty glands the size of a yellow split pea that sit on the surface of the thyroid gland and are crucial for regulating a person's calcium levels. The rate at which my patients suffered permanent injury to those little organs had been hovering at two per cent. He wanted me to try lowering the risk further by finding the glands earlier in the operation.

Since I have taken on a coach, my complication rate has gone down. It's too soon to know for sure whether that's not random, but it seems real. I know that I'm learning again. I can't say that every surgeon needs a coach to do his or her best work, but I've discovered that I do.

Coaching has become a fad in recent years. There are leadership coaches, executive coaches, life coaches, and college-application coaches. Search the Internet, and you'll find that there's even Twitter coaching. ("Would you like to learn how to get new customers/clients, make valuable business contacts, and increase your revenue using Twitter? Then this Twitter coaching package is perfect for you"—at about eight hundred dollars for a few hour-long Skype sessions and some e-mail consultation.) Self-improvement has always found a ready market, and most of what's on offer is simply one-on-one instruction to get amateurs through the essentials. It's teaching with a trendier name. Coaching aimed at improving the performance of people who are already professionals is less usual. It's also riskier: bad coaching can make people worse.

The world-famous high jumper Dick Fosbury, for instance, developed his revolutionary technique—known as the Fosbury Flop—in defiance of his coaches. They wanted him to stick to the time-honored straddle method of going over the high bar leg first, face down. He instinctively wanted to go over head first, back down. It was only by perfecting his odd technique on his own that Fosbury won the gold medal at the 1968 Mexico City Olympics, setting a new record on worldwide television, and reinventing high-jumping overnight.

Renée Fleming told me that when her original voice coach died, ten years ago, she was nervous about replacing her. She wanted outside ears, but they couldn't be just anybody's. "At my stage, when you're at my level, you don't really want to go to a new person who might mess things up," she said. "Somebody might say, 'You know, you've been singing that way for a long time, but why don't you try this?' If you lose your path, sometimes you can't find your way back, and then you lose your confidence onstage and it really is just downhill."

The sort of coaching that fosters effective innovation and judgment, not merely the replication of technique, may not be so easy to cultivate. Yet modern society increasingly depends on ordinary people taking responsibility for doing extraordinary things: operating inside people's bodies, teaching eighth graders algebraic concepts that Euclid would have struggled with, building a highway through a mountain, constructing a wireless computer network across a state, running a factory, reducing a city's crime rate. In the absence of guidance, how many people can do such complex tasks at the level we require? With a diploma, a few will achieve sustained mastery; with a good coach, many could. We treat guidance for professionals as a luxury—you can guess what gets cut first when school-district budgets are slashed. But coaching may prove essential to the success of modern society.

There was a moment in sports when employing a coach was unimaginable—and then came a time when not doing so was unimaginable. We care about results in sports, and if we care half as much about results in schools and in hospitals we may reach the same conclusion. Local health systems may need to go the way of the Albemarle school district. We could create coaching programs not only for surgeons but for other doctors, too—internists aiming to sharpen their diagnostic skills, cardiologists aiming to improve their heart-attack outcomes, and all of us who have to figure out ways to use our resources more efficiently. In the past year, I've thought nothing of asking my hospital to spend some hundred thousand dollars to upgrade the surgical equipment I use, in the vague hope of giving me finer precision and reducing complications. Avoiding just one major complication saves, on average, fourteen thousand dollars in medical costs—not to mention harm to a human being. So it seems worth it. But the three or four hours I've spent with Osteen each month have almost certainly added more to my capabilities than any of this.

Talk about medical progress, and people think about technology. We await every new cancer drug as if it will be our salvation. We dream of personalized genomics, vaccines against heart disease, and the unfathomed efficiencies from information technology. I would never deny the potential value of such breakthroughs. My teen-age son was spared high-risk aortic surgery a couple of years ago by a brief stent procedure that didn't exist when he was born. But the capabilities of doctors matter every bit as much as the technology. This is true of all professions. What ultimately makes the difference is how well people use technology. We have devoted disastrously little attention to fostering those abilities.

A determined effort to introduce coaching could change this. Making sure that the benefits exceed the cost will take work, to be sure. So will finding coaches—though, with the growing pool of retirees, we may already have a ready reserve of accumulated experience and know-how. The greatest difficulty, though, may simply be a profession's willingness to accept the idea. The prospect of coaching forces awkward questions about how we regard failure. I thought about this after another case of mine that Bob Osteen came to observe. It didn't go so well.

The patient was a woman with a large tumor in the adrenal gland atop her right kidney, and I had decided to remove it using a laparoscope. Some surgeons might have questioned this decision. When

adrenal tumors get to be a certain size, they can't be removed laparoscopically—you have to do a traditional, open operation and get your hands inside. I persisted, though, and soon had cause for regret. Working my way around this tumor with a ten-millimetre camera on the end of a foot-and-a-half-long wand was like trying to find my way around a mountain with a penlight. I continued with my folly too long, and caused bleeding in a blind spot. The team had to give her a blood transfusion while I opened her belly wide and did the traditional operation.

Osteen watched, silent and blank-faced the entire time, taking notes. My cheeks burned; I was mortified. I wished I'd never asked him along. I tried to be rational about the situation—the patient did fine. But I had let Osteen see my judgment fail; I'd let him see that I may not be who I want to be.

This is why it will never be easy to submit to coaching, especially for those who are well along in their career. I'm ostensibly an expert. I'd finished long ago with the days of being tested and observed. I am supposed to be past needing such things. Why should I expose myself to scrutiny and fault-finding?

I have spoken to other surgeons about the idea. "Oh, I can think of a few people who could use some coaching" has been a common reaction. Not many say, "Man, could I use a coach!" Once, I wouldn't have, either.

Osteen and I sat together after the operation and broke the case down, weighing the decisions I'd made at various points. He focussed on what I thought went well and what I thought didn't. He wasn't sure what I ought to have done differently, he said. But he asked me to think harder about the anatomy of the attachments holding the tumor in.

"You seemed to have trouble keeping the tissue on tension," he said. He was right. You can't free a tumor unless you can lift and hold taut the tissue planes you need to dissect through. Early on, when it had become apparent that I couldn't see the planes clearly, I could have switched to the open procedure before my poking around caused bleeding. Thinking back, however, I also realized that there was another maneuver I could have tried that might have let me hold the key attachments on tension, and maybe even freed the tumor.

"Most surgery is done in your head," Osteen likes to say. Your performance is not determined by where you stand or where your elbow goes. It's determined by where you decide to stand, where you decide to put your elbow. I knew that he could drive me to make smarter decisions, but that afternoon I recognized the price: exposure.

For society, too, there are uncomfortable difficulties: we may not be ready to accept—or pay for—a cadre of people who identify the flaws in the professionals upon whom we rely, and yet hold in confidence what they see. Coaching done well may be the most effective intervention designed for human performance. Yet the allegiance of coaches is to the people they work with; their success depends on it. And the existence of a coach requires an acknowledgment that even expert practitioners have significant room for improvement. Are we ready to confront this fact when we're in their care?

"Who's that?" a patient asked me as she awaited anesthesia and noticed Osteen standing off to the side of the operating room, notebook in hand.

I was flummoxed for a moment. He wasn't a student or a visiting professor. Calling him "an observer" didn't sound quite right, either.

"He's a colleague," I said. "I asked him along to observe and see if he saw things I could improve."

The patient gave me a look that was somewhere between puzzlement and alarm.

"He's like a coach," I finally said.

She did not seem reassured. ♦